|  | Conno        | cticut Department   | of Dublic H  | loalth               | Dr     | inkina   | T Water       | So       | oction     |               |
|--|--------------|---|--|----------------------|--------|----------|---------------|----------|------------|---------------|
|  | Comile       | Water Quality Mor   |  |                      |        | `        |               |          | CUOII      |               |
| PWS ID                                 | PWS Nam      | <u> </u>  |  |                      | _      |          |               | _        | ner Type P | rimary Source |
| CT0030091                              | CAMP CO      | NNRI  |  |                      |        | NC       | 319           |          | Р          | GW            |
| Local Address                          | (where appli | cable)  | Service  | Residen              | tial   | Commerc  | ial Industri  | al       | Combined   | Agricultura   |
| 27-28 HAPPY F                          | HILL LANE    |   | Connections  |                      |        |          |               |          | 22         |               |
| Towns Served:                          |              |   | 1  |                      |        |          | '             | ,        |            |               |
|  |              | Mor   | nitoring Requ  | ireme                | nts    |          |               |          |            |               |
| Water Systen                           | n Facility:  | DISTRIBUTION SYSTEM (WS   | SF ID: 00600)  |                      |        |          |               |          |            |               |
| <b>Total Colifor</b>                   | • •          |   |  |                      |        |          | 1             | rou      | ıtine (RT) | per quarter   |
| Sampling                               | Point (Sam   | oling Point ID)   |  | Monitori             | ing Pe | eriod (  | Collection Pe | riod     | Compli     | ance Status   |
| Select fro                             | m Inventory  | of Active Sampling Points   |  | 10/1/18 -            | - 12/3 | 31/18    |               |          | Co         | mplete        |
|  |              |   |  | 1/1/19 -             | - 3/31 | L/19     |               |          | Co         | mplete        |
|  |              |   |  | 4/1/19 -             |        | <u> </u> |               |          |            |               |
|  |              |   |  | 7/1/19 -             | 9/30   | 0/19     |               |          |            |               |
| <b>Physical Para</b>                   | ameters (P   | PS)   |  |                      |        |          | 1             | rou      | ıtine (RT) | per quarter   |
| Sampling                               | Point (Sam   | oling Point ID)   |  | Monitori             |        |          | Collection Pe | riod     | Compli     | ance Status   |
| Select fro                             | m Inventory  | of Active Sampling Points   |  | 10/1/18 -            |        |          |               |          | Co         | mplete        |
|  |              |   |  | 1/1/19 -             | - 3/31 | L/19     |               |          | Co         | mplete        |
|  |              |   |  | 4/1/19 - 6/30/19     |        |          |               |          |            |               |
|  |              |   |  | 7/1/19 -             |        | 0/19     |               |          |            |               |
| Water Systen                           | n Facility:  | CAMP CONNRI TREATMENT   | PLANT (WSF ID  | : 00700              | )      |          |               |          |            |               |
| Nitrate And                            | Nitrite (NO  | DX)   |  |                      |        |          |               | 1        | routine (F | T) per year   |
| Sampling                               | Point (Sam   | oling Point ID)   |  | Monitori             | ing Pe | eriod (  | Collection Pe | riod     | Compli     | ance Status   |
| CAMP CO                                | NNRI TREAT   | MENT PLANT (3)  |  | 1/1/18 -             | 12/3   | 1/18     |               |          | Co         | mplete        |
|  |              |   |  | 1/1/19 -             | 12/3   | 1/19     |               |          |            |               |
|  |              |   |  | 1/1/20 -             | 12/3   | 1/20     |               |          |            |               |
|  | Mor          | nthly Water System Fa   | cility (WSF) I   | .evel N              | /lon   | itoring  | Require       | me       | nts        |               |
| Water Systen                           | n Facility:  | CAMP CONNRI TREATMENT   | PLANT (WSFID:  | 00700)               |        |          |               |          |            |               |
| Analyte                                |              | <b>Monitoring Requirement (Sur</b>                                | Monitoring Requirement (Summary Type) Operating Limit Sa |                      |        |          | Samples R     | eq/Month |            |               |
| Chlorine                               |              | Entry Point Chlorine Residual Monitoring (CHLR) Minimum: 0.2 MG/L |  |                      |        |          |               | Da       | ily        |               |
| <b>Start Date:</b> 1/1/2017 <b>Con</b> |              |   |  | pliance History: Ope |        |          | perating Lim  | it       | Monito     | ring          |
|  |              |   | Monito   | ing Perio            | d      |          | mpliance St   |          | : Complia  | nce Status:   |
|  |              |   | 11/1/20  | 18 - 11/3            | 0/20   | 18       |               |          |            | N             |

| Water System Facility:      | CAMP CONNRI TREATMENT PLANT (WSFID: 00          | 700)            |                        |                      |
|-----------------------------|---|-----------------|------------------------|----------------------|
| Analyte                     | Monitoring Requirement (Summary Type)           | Operating Limit | t                      | Samples Req/Month    |
| Chlorine                    | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2    | MG/L                   | Daily                |
| <b>Start Date:</b> 1/1/2017 | Compliance                                      | e History:      | <b>Operating Limit</b> | Monitoring           |
|                             | Monitoring                                      | Period          | Compliance Status      | : Compliance Status: |
|                             | 11/1/2018 -                                     | 11/30/2018      |                        | N                    |
|                             | 12/1/2018 -                                     | 12/31/2018      |                        | N                    |
|                             | 1/1/2019 - 3                                    | 1/31/2019       |                        | N                    |
|                             | 2/1/2019 - 2                                    | 2/28/2019       |                        | N                    |
|                             | 3/1/2019 - 3                                    | 3/31/2019       |                        |                      |
|                             | 4/1/2019 - 4                                    | 1/30/2019       |                        |                      |

| Other Compliance Schedules     |            |               |   |  |  |  |  |  |
|--------------------------------|------------|---------------|---|--|--|--|--|--|
| Compliance Schedule Activity   | Due Date   | Achieved Date |   |  |  |  |  |  |
| CAP - ADDRESS DEFICIENCY       | 12/31/2019 |               | _ |  |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT | 3/1/2020   |               |   |  |  |  |  |  |

|             | Water System Facility and Sampling Point Inventory |                |                     |        |      |                    |          |  |       |
|-------------|--|----------------|---------------------|--------|------|--------------------|----------|--|-------|
| Water       | Water System Facility                              | Samplina Point | Sampling Point      |        |      | Lead and<br>Copper |          |  | Stage |
| Facility ID |  | ID             | Description         | Status | 0.4- | Rule Tier          | Asbestos |  |       |
| 00600       | DISTRIBUTION SYSTEM                                | 4              | DISTRIBUTION SYSTEM | Α      | Υ    |                    |          |  |       |

|               | Water Quality Monitoring and Compliance Schedule |             |         |       |            |              |            |                 |  |  |  |
|---------------|--|-------------|---------|-------|------------|--------------|------------|-----------------|--|--|--|
| PWS ID        | PWS Name   |             |         | Class | sification | Population   | Owner Type | Primary Source  |  |  |  |
| СТ0030091     | 30091 CAMP CONNRI                                |             |         |       | NC         | 319          | Р          | GW              |  |  |  |
| Local Address | (where applicable)                               | Service     | Residen | ntial | Commerci   | al Industria | al Combine | ed Agricultural |  |  |  |
| 27-28 HAPPY I | HILL LANE  | Connections |         |       |            |              | 22         |                 |  |  |  |

Connecticut Department of Public Health Drinking Water Section

Towns Served:

|                                | Water System Facility and Sampling Point Inventory |                        |  |        |                           |                                 |          |     |                 |  |  |
|--------------------------------|--|------------------------|--|--------|---------------------------|---------------------------------|----------|-----|-----------------|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID   | Sampling Point Description                   | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |  |  |
|                                |  | DOWNSTREAM<br>UPSTREAM | WITHIN 5 SERVICE CON<br>WITHIN 5 SERVICE CON | A<br>A |                           |                                 |          |     |                 |  |  |
|                                | CAMP CONNRI TREATMENT<br>PLANT                     | 3                      | CAMP CONNRI<br>TREATMEN                      | А      |                           |                                 |          |     |                 |  |  |
| 50927                          | CONCRETE ATMOSPHERIC TANK                          |                        |  |        |                           |                                 |          |     |                 |  |  |
| 56286                          | WELL 3A  | 2                      | WELL 3A                                      | Α      |                           |                                 |          |     |                 |  |  |

| Name                                 |           | Organization | 1            |              | Job Title       |           |       |       |            |
|--------------------------------------|-----------|--------------|--------------|--------------|-----------------|-----------|-------|-------|------------|
| Mr. David Champlin                   |           |              |              | The Salvatio | n Army          | I         | Major |       |            |
| Mailing Address Line One Mailing Add |           |              |              | ess Line Two |                 |           | City  | State | Zip Code   |
| C/O Camp Connri P.O. Box 176         |           |              | P.O. Box 176 | Asi          |                 |           |       | СТ    | 06278-0176 |
| Business Phone                       | Extension | Fax          | Mo           | bile Phone   | Emergency Phone | Email Add | lress |       |            |

| Name                |           |           |              | Organization  | 1               | Job Title                          |  |    |          |
|---------------------|-----------|-----------|--------------|---------------|-----------------|------------------------------------|--|----|----------|
| Mr. Jorge Marzan    |           |           |              | The Salvation | n Army          | Divisional Commander               |  |    |          |
| Mailing Address Lin | e One     |           | Mailing Addr | ess Line Two  |                 | City State Zip Coo                 |  |    | Zip Code |
|                     |           |           | 855 Asylum A | Ave           |                 | Hartford                           |  | СТ | 06105    |
| Business Phone      | Extension | Fax       | Mo           | bile Phone    | Emergency Phone | Email Address                      |  |    |          |
| 860-702-0010        |           | 860-543-8 | 412          |               | 860-918-3604    | jorge.marzan@use.salvationarmy.org |  |    |          |

Contact Role(s): Administrative Contact

## Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Water Quality Monitoring and Compliance Schedule | Connecticut Department of Public Health Drinking Water Section |
|--|--|
|  | Water Quality Monitoring and Compliance Schedule               |

| PWS ID PWS Name                                    |                       |             | Cla     | ssification | Population | Owner Type  | Primary Source |                 |
|--|-----------------------|-------------|---------|-------------|------------|-------------|----------------|-----------------|
| CT0038011 HOLE IN THE WALL GANG CAMP-MAIN SYSTEM#1 |                       |             |         |             | NC         | 335         | Р              | GW              |
| Local Address (v                                   | where applicable)     | Service     | Resider | ntial       | Commerci   | al Industri | al Combine     | ed Agricultural |
| 565 ASHFORD C                                      | ENTER ROAD (ROUTE 44) | Connections | 29      |             |            |             |                |                 |

**Towns Served:** 

| Monitoring | Requi | irements |
|------------|-------|----------|
|------------|-------|----------|

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| Total Coliform (3100)                           | ine (RT) per quarter     |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID)              | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                          | Complete                 |
|   | 1/1/19 - 3/31/19         |                          | Complete                 |
|   | 4/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 9/30/19         |                          |                          |

| Physical Parameters (PPS)                       |                    | 1 rout                   | ine (RT) per quarter     |
|---|--------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                          | Complete                 |
|   | 1/1/19 - 3/31/19   |                          | Complete                 |
|   | 4/1/19 - 6/30/19   |                          |                          |
|   | 7/1/19 - 9/30/19   |                          |                          |

| <b>Water System Facility:</b> | <b>ENTRY POINT</b> | (WSF ID: 00700) |
|-------------------------------|--------------------|-----------------|
|-------------------------------|--------------------|-----------------|

| Nitrate And Nitrite (NOX)          |                   | 1 r                      | outine (RT) per year     |
|------------------------------------|-------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | <b>Collection Period</b> | <b>Compliance Status</b> |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                          | Complete                 |
|                                    | 1/1/19 - 12/31/19 |                          | Complete                 |
|                                    | 1/1/20 - 12/31/20 |                          |                          |

# **Other Compliance Schedules**

**Compliance Schedule Activity** Due Date **Achieved Date** 3/1/2015

CROSS CONNECTION SURVEY REPORT

|                 |                       |                      | •                          |        |                   | _        |          |     |        |
|-----------------|-----------------------|----------------------|----------------------------|--------|-------------------|----------|----------|-----|--------|
| Water<br>System | Water System Facility | Sampling Point<br>ID | Sampling Point Description |        | Total<br>Coliform |          | Asbestos |     | Stage  |
| Facility ID     | <u>'</u>              | טו                   | Description                | Status | Rule              | Kule Her | ASDESIOS | WQP | Z DDPK |
| 00600           | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | Α      | Υ                 |          |          |     |        |
|                 |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                   |          |          |     |        |
|                 |                       | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                   |          |          |     |        |
| 00700           | ENTRY POINT           | 3                    | ENTRY POINT                | Α      |                   |          |          |     |        |
| 22894           | WELL 1                | 2                    | WELL 1                     | Α      |                   |          |          |     |        |
| 22895           | WELL 2                | 2                    | WELL 2                     | Α      |                   |          |          |     |        |
| 22896           | WELL 3                | 2                    | WELL 3                     | Α      |                   |          |          |     |        |
| 22897           | WELL 4                | 2                    | WELL 4                     | Α      |                   |          |          |     |        |
| 54621           | ATMOSPHERIC TANKS     |                      |                            |        |                   |          |          |     |        |
| 54623           | HYDROPNEUMATIC TANK   |                      |                            |        |                   |          |          |     |        |

|                          | Co           | ontact Information         |              |          |          |
|--------------------------|--------------|----------------------------|--------------|----------|----------|
| Name                     |              | Organization               |              | Job Titl | e        |
| Mr. Richard C. Lavigne   |              | Hole In The Wall Gang Camp | Facilities M | anager   |          |
| Mailing Address Line One | Mailing Addr | ress Line Two              | City         | State    | Zip Code |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| (                                  | Connectic        | ut Depa     | rtment o      | f Public      | : Health     | n Drin   | nking                              | Water       | Section    | l        |             |  |
|------------------------------------|------------------|-------------|---------------|---------------|--------------|----------|------------------------------------|-------------|------------|----------|-------------|--|
|                                    | Wa               | ter Qua     | lity Moni     | toring a      | and Cor      | nplia    | nce S                              | chedul      | e          |          |             |  |
| PWS ID                             | PWS Name         |             |               |               |              | Classif  | ication                            | Population  | Owner Type | Prima    | ary Source  |  |
| CT0038011                          | HOLE IN THE WA   | ALL GANG CA | MP-MAIN SYS   | TEM#1         |              | N        | IC                                 | 335         | Р          |          | GW          |  |
| Local Address (wh                  | nere applicable) |             |               | Service       | Reside       | ntial Co | mmercia                            | al Industri | al Combin  | ed A     | gricultural |  |
| 565 ASHFORD CENTER ROAD (ROUTE 44) |                  |             |               | Connecti      | ons 29       |          |                                    |             |            |          |             |  |
| Towns Served:                      |                  |             |               |               | -            | '        |                                    |             |            | <b>'</b> |             |  |
| 565 Ashford Center Road Route 44   |                  |             |               |               |              |          | Ashford                            | t           | СТ         | C        | 06278       |  |
| Business Phone                     | Extension        | Fax         | Mol           | oile Phone    | Emergeno     | y Phone  | ne Email Address                   |             |            |          |             |  |
| 860-487-0574                       |                  | 860-487-2   | 2666          |               |              |          | rick.lavigne@holeinthewallgang.org |             |            |          |             |  |
| Contact Role(s):                   | Administrative   | Contact     | ·             |               |              |          |                                    |             |            |          |             |  |
| Name                               |                  |             | (             | Organization  |              |          |                                    |             | Job Tit    | le       |             |  |
| Mr. Raymond Lai                    | montagne         |             | ŀ             | Hole In The \ | Wall Gang Fu | ınd Inc  |                                    | President   |            |          |             |  |
| Mailing Address L                  | ine One          |             | Mailing Addre | ss Line Two   |              |          |                                    | City        | State      | Zij      | p Code      |  |
| 112 Fifth Ave                      |                  |             |               |               |              | New Yo   | ork                                | NY          | 1          | L0128    |             |  |
| Business Phone                     | Extension        | Fax         | Mol           | oile Phone    | Emergenc     | y Phone  | Email A                            | ddress      |            |          |             |  |
|                                    |                  |             |               |               |              |          |                                    |             |            |          |             |  |

## Contact Role(s): Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| <b>↑</b>                         |   |   |  | _   |  |  |   | l   |  |
|----------------------------------|---|---|--|---|--|--|---|---|--|
| water Quality Mo                 | mitoring and  | a Con   | ıpı  | Tance S   | CIIE   | eaui   | е   |   |  |
| PWS ID PWS Name                  |   |   | Cla  | ssification   | Popu   | lation   | Owner Type  | Pri   | mary Source  |
| ASHFORD DARI BAR                 |   |   |  | NC  | 2  | 25   | Р   |   | GW   |
| Local Address (where applicable) |   |   | itial  | Commerci  | al In  | dustria  | al Combin   | ed  | Agricultural   |
| 432 ASHFORD CENTER ROAD          |   |   |  | 1   |  |  |   |   |  |
|                                  | Water Quality Mo PWS Name ASHFORD DARI BAR (where applicable) | Water Quality Monitoring and PWS Name ASHFORD DARI BAR (where applicable) Service | Water Quality Monitoring and Con  PWS Name  ASHFORD DARI BAR  (where applicable) Service Resider | Water Quality Monitoring and Compl PWS Name Cla ASHFORD DARI BAR (where applicable) Service Residential | Water Quality Monitoring and Compliance S  PWS Name Classification  ASHFORD DARI BAR NC  (where applicable) Service Residential Commercial | Water Quality Monitoring and Compliance School  PWS Name  ASHFORD DARI BAR  (where applicable)  Classification Popul NC 2  Service Residential Commercial In | Water Quality Monitoring and Compliance Schedul  PWS Name Classification Population ASHFORD DARI BAR NC 25  (where applicable) Service Residential Commercial Industria | Water Quality Monitoring and Compliance Schedule  PWS Name Classification Population Owner Type ASHFORD DARI BAR NC 25 P  (where applicable) Service Residential Commercial Industrial Combin | PWS Name  ASHFORD DARI BAR  Classification Population Owner Type Pri NC 25 P  (where applicable)  Service Residential Commercial Industrial Combined |

| Towns Served: ASHFORD                           |                  | I           |           |                    |                     |                 |  |
|---|------------------|-------------|-----------|--------------------|---------------------|-----------------|--|
| M   | onitoring Requ   | irement     | is        |                    |                     |                 |  |
| Water System Facility: DISTRIBUTION SYSTEM (    | WSF ID: 00600)   |             |           |                    |                     |                 |  |
| Total Coliform (3100)                           |                  |             |           | 1                  | routine (RT)        | per month       |  |
| Sampling Point (Sampling Point ID)              |                  | Monitoring  | Period C  | Collection Perio   | od Complia          | nce Status      |  |
| Select from Inventory of Active Sampling Points |                  | 4/1/19 - 4/ | /30/19    |                    |                     |                 |  |
|   |                  | 5/1/19 - 5/ | /31/19    |                    |                     |                 |  |
|   |                  | 6/1/19 - 6/ | /30/19    |                    |                     |                 |  |
|   |                  | 7/1/19 - 7/ | /31/19    |                    |                     |                 |  |
|   |                  | 8/1/19 - 8/ | /31/19    |                    |                     |                 |  |
|   |                  | 9/1/19 - 9/ | /30/19    |                    |                     |                 |  |
| Physical Parameters (PPS)                       |                  |             |           | 1                  | routine (RT)        | per month       |  |
| Sampling Point (Sampling Point ID)              |                  | Monitoring  | Period C  | Collection Perio   | od Complia          | nce Status      |  |
| Select from Inventory of Active Sampling Points |                  | 4/1/19 - 4/ | /30/19    |                    |                     |                 |  |
|   |                  | 5/1/19 - 5/ | /31/19    |                    |                     |                 |  |
|   |                  | 6/1/19 - 6/ | /30/19    |                    |                     |                 |  |
|   |                  | 7/1/19 - 7/ | /31/19    |                    |                     |                 |  |
|   |                  | 8/1/19 - 8/ | /31/19    |                    |                     |                 |  |
|   |                  | 9/1/19 - 9/ | /30/19    |                    |                     |                 |  |
| Water System Facility: ENTRY POINT (WSF ID: 0   | 0700)            |             |           |                    |                     |                 |  |
| Nitrate And Nitrite (NOX)                       |                  |             |           |                    | 1 routine (R        | 「) per year     |  |
| Sampling Point (Sampling Point ID)              |                  | Monitoring  | Period C  | Collection Perio   | d Compliance Status |                 |  |
| ENTRY POINT (3)                                 |                  | 1/1/18 - 12 | /31/18    | Complete           |                     |                 |  |
|   |                  | 1/1/19 - 12 | /31/19    |                    | Cor                 | nplete          |  |
|   |                  | 1/1/20 - 12 | /31/20    |                    |                     |                 |  |
| Oth   | er Compliance    | Schedu      | les       |                    |                     |                 |  |
| Compliance Schedule Activity                    |                  | Du          | e Date    | Achieve            | ed Date             |                 |  |
| SEASONAL START UP COMPLETION                    |                  | 4/3         | 0/2019    | 4/5/2              | 2019                |                 |  |
| Public  | Notification R   | equiren     | nents     |                    |                     |                 |  |
|   | Compliance       | Notice      | Public N  | <u>otification</u> | PN Certi            | <u>fication</u> |  |
| Violation/Situation                             | Period           | Tier        | Required  | Performed          | Due to DPH          | Received        |  |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 6/30/18 - 4/4/19 | 2           | 8/19/2018 |                    | 8/29/2018           |                 |  |
| REVISED TOTAL COLIFORM RULE (RTCR)              | 6/30/18 -        | 3           | 7/20/2019 |                    | 7/30/2019           |                 |  |
| Water System                                    | Facility and Sar | mpling P    | oint Inve | entory             |                     |                 |  |
| Water   |                  |             | 7.        | otal Lead a        | ad                  |                 |  |

|                                | W                     | ater System Facili   | ty and Sampling P          | oint Ir | ivento                    | ry                              |          |     |                 |
|--------------------------------|-----------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|-----|-----------------|
| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point Description | Status  | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | Α       | Υ                         |                                 |          |     |                 |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α       |                           |                                 |          |     |                 |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON       | Α       |                           |                                 |          |     |                 |
| 00700                          | ENTRY POINT           | 3                    | ENTRY POINT                | Α       |                           |                                 |          |     |                 |
| 20014                          | WELL                  | 2                    | WELL                       | Α       |                           |                                 |          |     |                 |

|                            | Water Quality Monit | oring and   | d Con | npl      | iance S     | Schedul    | e               |                |
|----------------------------|---------------------|-------------|-------|----------|-------------|------------|-----------------|----------------|
| PWS ID                     | PWS ID PWS Name     |             |       | Clas     | sification  | Population | Owner Type      | Primary Source |
| CT0030024 ASHFORD DARI BAR |                     |             |       |          | NC          | 25         | Р               | GW             |
| Local Address              | Service             | Residen     | ntial | Commerci | al Industri | al Combine | ed Agricultural |                |
| 432 ASHFORD                | CENTER ROAD         | Connections |       |          | 1           |            |                 |                |

Connecticut Department of Public Health Drinking Water Section

Towns Served: ASHFORD

|                     |               |              |            | <b>Contact Inf</b> | ormation        |                     |                      |           |          |  |
|---------------------|---------------|--------------|------------|--------------------|-----------------|---------------------|----------------------|-----------|----------|--|
| Name                | Organizat     |              |            |                    |                 |                     |                      | Job Title |          |  |
| Mr. Bruce Maneele   | у             |              |            | Ashford Rea        | lty LLC         |                     |                      |           |          |  |
| Mailing Address Lin | e One         |              | Mailing A  | ddress Line Two    |                 | City State          |                      |           | Zip Code |  |
| 65 Rye Street       |               |              |            |                    |                 | South W             | South Windsor CT 06  |           |          |  |
| Business Phone      | Extension     | Fax          |            | Mobile Phone       | Emergency Phone | Email Address       |                      |           |          |  |
| 860-209-5000        |               | 860-291-9    | 9362       |                    |                 | Bruce@Maneeleys.com |                      |           |          |  |
| Contact Role(s): Le | gal Contact   |              | ·          |                    |                 |                     |                      |           |          |  |
| Name                |               |              |            | Organization       | Organization    |                     |                      | Job Title |          |  |
| Mr. Darrell Chaloul | t             |              |            | Ashford Dari       | Bar             |                     |                      |           |          |  |
| Mailing Address Lin | e One         |              | Mailing A  | ddress Line Two    |                 |                     | City                 | State     | Zip Code |  |
| 32 Nott Highway     |               |              | PO Box 17  | '2                 |                 | Ashford             |                      | СТ        | 06278    |  |
| Business Phone      | Extension     | Fax          |            | Mobile Phone       | Emergency Phone | Email Ad            | Email Address        |           |          |  |
| 860-836-9023        |               |              |            |                    |                 | dc@ima              | dc@imagepluscorp.com |           |          |  |
| Contact Role(s): Ac | dministrative | Contact, Leg | al Contact | , Owner            |                 |                     |                      |           |          |  |

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|             | Connecticu                    | t Department of       | Public Health I      | rin       | king W    | ater Sc    | ction        |               |
|-------------|-------------------------------|-----------------------|----------------------|-----------|-----------|------------|--------------|---------------|
|             |                               | er Quality Monit      |                      |           |           |            | CUOII        |               |
| PWS ID      | PWS Name                      | er Quality Mollit     |                      | Classific |           |            | ner Type D   | rimary Source |
| CT003003    |                               |                       |                      | NC        |           | 25         | P P          | GW            |
|             | ress (where applicable)       |                       | Service Residentia   |           |           | ndustrial  | Combined     | Agricultural  |
|             | HILL ROAD                     |                       | Connections          | ai Coii   | 1         | luustriai  | Combined     | Agricultural  |
|             | ved: ASHFORD                  |                       | Commedians           |           | 1         |            |              |               |
| TOWIIS SEI  | veu. ASHI OND                 | Monito                | oring Requiremen     | ts        |           |            |              |               |
| Water Sv    | stem Facility: <b>DISTRIE</b> | BUTION SYSTEM (WSF II |                      |           |           |            |              |               |
| •           | liform (3100)                 | (                     | ,                    |           |           | 1 rou      | ıtine (RT)   | per quarter   |
|             | oling Point (Sampling Poi     | int ID)               | Monitoring           | a Perio   | d Collect | ion Period |              | ance Status   |
|             | ct from Inventory of Activ    |                       | 10/1/18 - 1          |           |           |            |              | mplete        |
|             | /                             | 1 0                   | 1/1/19 - 3           |           |           |            |              | mplete        |
|             |                               |                       | 4/1/19 - 6           |           |           |            |              |               |
|             |                               |                       | 7/1/19 - 9           |           |           |            |              |               |
| Physical    | Parameters (PPS)              |                       |                      |           |           | 1 rou      | itine (RT)   | per quarter   |
| -           | oling Point (Sampling Poi     | int ID)               | Monitoring           | g Perio   | d Collect | ion Period |              | ance Status   |
| Selec       | t from Inventory of Activ     | e Sampling Points     | 10/1/18 - 1          | 2/31/1    | 8         |            | Co           | mplete        |
|             |                               |                       | 1/1/19 - 3/31/19     |           |           |            | Co           | mplete        |
|             |                               |                       | 4/1/19 - 6/30/19     |           |           |            |              |               |
|             |                               |                       | 7/1/19 - 9           | /30/19    |           |            |              |               |
| Water Sy    | stem Facility: ENTRY          | POINT (WSF ID: 00700) |                      |           |           |            |              |               |
| Nitrate A   | And Nitrite (NOX)             |                       |                      |           |           | 1          | routine (R   | T) per year   |
| Sam         | oling Point (Sampling Poi     | int ID)               | Monitoring           | g Period  | d Collect | ion Period | <del>-</del> | ance Status   |
| ENTR        | RY POINT (3)                  |                       | 1/1/18 - 12          | 2/31/18   | 3         |            | Co           | mplete        |
|             |                               |                       | 1/1/19 - 12          | 2/31/19   | 9         |            | Co           | mplete        |
|             |                               |                       | 1/1/20 - 12          | 2/31/20   | )         |            |              |               |
|             | ν                             | Vater System Facili   | ty and Sampling F    | oint      | Invento   | ry         |              |               |
| Water       |                               |                       |                      |           | Total     | Lead and   |              |               |
| System      | <b>Water System Facility</b>  | Sampling Point        | Sampling Point       |           | Coliform  | Copper     |              | Stage         |
| Facility ID | )                             | ID                    | Description          | Stati     | us Rule   | Rule Tier  | Asbestos     | WQP 2 DBPR    |
| 00600       | DISTRIBUTION SYSTEM           | 4                     | DISTRIBUTION SYSTEM  | Α         | Υ         |            |              |               |
|             |                               | DOWNSTREAM            | WITHIN 5 SERVICE CON | Α         |           |            |              |               |
|             |                               | UPSTREAM              | WITHIN 5 SERVICE CON | Α         |           |            |              |               |
| 00700       | ENTRY POINT                   | 3                     | ENTRY POINT          | Α         |           |            |              |               |
| 20015       | WELL                          | 2                     | WELL                 | Α         |           |            |              |               |
|             |                               | Con                   | tact Information     |           |           |            |              |               |
| Name        |                               | Oı                    | ganization           |           |           |            | Job Title    |               |
| Mr. Chira   | g Patel                       | As                    | hford Motel          |           | Ow        | ner        |              |               |
| Mailing Ad  | ddress Line One               | Mailing Address       | s Line Two           |           | C         | ity        | State        | Zip Code      |
| 26 Ashford  | d Motel Rd                    |                       |                      | ,         | Ashford   |            | СТ           | 06278         |

Emergency Phone Email Address

860-450-6381

Mobile Phone

ashfordmotel@yahoo.com

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

**Business Phone** 

860-487-3900

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                   | water Quarity is  | Torritoring and | u Gon   | upi   | iance c     | ciicaai     | C          |                 |
|-------------------|-------------------|-----------------|---------|-------|-------------|-------------|------------|-----------------|
| PWS ID            | PWS Name          |                 |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
| CT0030034         | ASHFORD MOTEL     |                 |         |       | NC          | 25          | Р          | GW              |
| Local Address (   | where applicable) | Service         | Resider | ntial | Commercia   | al Industri | al Combine | ed Agricultural |
| 26 SNOW HILL ROAD |                   | Connections     |         |       | 1           |             |            |                 |
|                   |                   | <u> </u>        |         |       |             |             | •          |                 |

Towns Served: ASHFORD

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Co | nnecticut Department of Public Health Drinking | g Water | Section |
|----|--|---------|---------|
|    | Water Quality Monitoring and Compliance S      | Schedul | e       |

| PWS ID           | PWS Name                    |             |         | Clas  | ssification | Population  | Owner Type | Primary Source  |
|------------------|-----------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0030134        | CHURCH OF LATTER DAY SAINTS |             |         |       | NC          | 25          | Р          | GW              |
| Local Address (v | vhere applicable)           | Service     | Resider | ntial | Commercia   | al Industri | al Combine | ed Agricultural |
| 511 ASHFORD C    | ENTER ROAD                  | Connections |         |       | 1           |             |            |                 |

Towns Served: ASHFORD

| M | onit | torir | ig R | lequ | irem | ent | ts |
|---|------|-------|------|------|------|-----|----|
|   |      |       |      |      |      |     |    |

| Water System Facility: | DISTRIBUTION SYSTEM | (WSF ID: 00600) |
|------------------------|---------------------|-----------------|
|------------------------|---------------------|-----------------|

| Total Coliform (3100)                           |                          | 1 rout                   | ine (RT) per quarter |
|---|--------------------------|--------------------------|----------------------|
| Sampling Point (Sampling Point ID)              | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status    |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                          | Complete             |
|   | 1/1/19 - 3/31/19         |                          | Complete             |
|   | 4/1/19 - 6/30/19         |                          |                      |
|   | 7/1/19 - 9/30/19         |                          |                      |

| Physical Parameters (PPS)                       |                    | 1 rout                   | ine (RT) per quarter     |
|---|--------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                          | Complete                 |
|   | 1/1/19 - 3/31/19   |                          | Complete                 |
|   | 4/1/19 - 6/30/19   |                          |                          |
|   | 7/1/19 - 9/30/19   |                          |                          |

### Water System Facility: ENTRY POINT (WSF ID: 00700)

| Nitrate And Nitrite (NOX)          |                          | 1 rc                     | outine (RT) per year |
|------------------------------------|--------------------------|--------------------------|----------------------|
| Sampling Point (Sampling Point ID) | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status    |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18        |                          | Complete             |
|                                    | 1/1/19 - 12/31/19        |                          | Complete             |
|                                    | 1/1/20 - 12/31/20        |                          |                      |

# **Other Compliance Schedules**

Compliance Schedule Activity Due Date Achieved Date

RESPOND TO SANITARY SURVEY 6/22/2018

# Water System Facility and Sampling Point Inventory

| Water       |                       |                |                      |        | Total    | Lead and  |          |     |        |
|-------------|-----------------------|----------------|----------------------|--------|----------|-----------|----------|-----|--------|
| System      | Water System Facility | Sampling Point | Sampling Point       |        | Coliform | Copper    |          |     | Stage  |
| Facility ID | )                     | ID             | Description          | Status | Rule     | Rule Tier | Asbestos | WQP | 2 DBPR |
| 00600       | DISTRIBUTION SYSTEM   | 4              | DISTRIBUTION SYSTEM  | Α      | Υ        |           |          |     |        |
|             |                       | DOWNSTREAM     | WITHIN 5 SERVICE CON | Α      |          |           |          |     |        |
|             |                       | UPSTREAM       | WITHIN 5 SERVICE CON | Α      |          |           |          |     |        |
| 00700       | ENTRY POINT           | 3              | ENTRY POINT          | Α      |          |           |          |     |        |
| 20078       | WELL                  | 2              | WELL                 | Α      |          |           |          |     |        |
| 55507       | BI VUUEB TVVIK        |                |                      |        |          |           |          |     |        |

# 55507 BLADDER TANK

|                       |           |           |         | Contact Inf        | ormation        |          |                    |  |       |
|-----------------------|-----------|-----------|---------|--------------------|-----------------|----------|--------------------|--|-------|
| Name Organization     |           |           |         | Job Title          |                 |          |                    |  |       |
| Mr. Charles Volpet    | ti        |           |         | Hingham Ma         | Fm Group        |          | Facility Manager   |  |       |
| Mailing Address Lin   | ie One    |           | Mailing | g Address Line Two |                 |          | City State Zip Co  |  |       |
| 76 Main Street        |           |           | P.O. Bo | ox 570             |                 | Foxboro  | sboro MA 0203      |  | 02035 |
| <b>Business Phone</b> | Extension | Fax       |         | Mobile Phone       | Emergency Phone | Email Ad | Address            |  |       |
| 508-698-7970          |           | 508-698-7 | 972     |                    | 508-243-1986    | volpetti | ttic@ldschurch.org |  |       |
|                       |           |           |         |                    | ·               |          |                    |  |       |

Contact Role(s): Legal Contact

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| C                   | Connecticu              | t Depa   | irtment of      | Public                                      | Health    | Drir     | ıking    | Water                     | Section    |              |  |  |
|---------------------|-------------------------|----------|-----------------|---|-----------|----------|----------|---------------------------|------------|--------------|--|--|
|                     | Wate                    | er Qua   | lity Monit      | oring ar                                    | nd Con    | nplia    | nce S    | chedul                    | le         |              |  |  |
| PWS ID P            | WS Name                 |          |                 |   |           | Classifi | cation   | Population                | Owner Type | Primary Sou  |  |  |
| CT0030134 C         | HURCH OF LATTE          | R DAY SA | INTS            |   |           | N        | С        | 25                        | Р          | GW           |  |  |
| Local Address (wh   | ere applicable)         |          |                 | Service                                     | Resider   | itial Co | mmercia  | al Industri               | al Combine | ed Agricultu |  |  |
| 511 ASHFORD CEN     | 511 ASHFORD CENTER ROAD |          |                 |   | S         |          | 1        |                           |            |              |  |  |
| Towns Served: ASI   | HFORD                   |          |                 |   |           |          |          |                           |            |              |  |  |
| Name                |                         |          | Or              | Organization                                |           |          |          | Job Title                 |            |              |  |  |
| Ms. Virginia Gillis |                         |          | Ch              | Church of Latter Day Saints Office Assistan |           |          |          |                           | sistant    |              |  |  |
| Mailing Address Li  | ne One                  |          | Mailing Address | Line Two                                    |           |          | City     |                           | State      | Zip Code     |  |  |
|                     |                         |          | P.O. Box 570    |   |           |          | Foxboro  |                           | MA         | 02035        |  |  |
| Business Phone      | Extension               | Fax      | Mobil           | le Phone                                    | Emergency | / Phone  | Email A  | ddress                    |            |              |  |  |
| 508-698-7970        |                         |          |                 |   |           |          | virginia | inia.gillis@ldschurch.org |            |              |  |  |
| Contact Role(s):    | Administrative Co       | ontact   |                 | '   |           |          |          |                           |            |              |  |  |

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                | Connecticut De              | nartment of     | F Public H                             | ealth     | Dri    | inkin   | σW      | ater       | Se   | ction          |                |
|----------------|-----------------------------|-----------------|--|-----------|--------|---------|---------|------------|------|----------------|----------------|
|                |                             | iality Monit    |  |           |        | `       | _       |            |      | CCIOII         |                |
| PWS ID         | PWS Name                    | dancy Monne     | oring and                              | a Goii    |        |         | _       |            |      | er Tyne        | Primary Source |
| CT0030194      | HOLE IN THE WALL GANG       | CAMP (#2)       |  |           |        | NC      | +       | 25         | OWI  | P              | GW             |
|                | s (where applicable)        | CAIVII (#2)     | Service                                | Residen   |        | Commerc |         | ndustri:   | al   | Combine        |                |
|                | D CENTER ROAD (ROUTE 44)    |                 | Connections                            | Residen   | ciai c | 4       | Jan II  | iiaastiii  | u1   | Combine        | a /\gricartart |
| Towns Serve    |                             |                 |  |           |        | •       |         |            |      |                |                |
| 1011113 301 10 |                             | Monit           | oring Requ                             | ireme     | nts    |         |         |            |      |                |                |
| Water Syste    | em Facility: DISTRIBUTION   |                 |  |           |        |         |         |            |      |                |                |
| Total Colife   | ,                           |                 |  |           |        |         |         | 1          | rou  | tine (RT       | ) per quarter  |
|                | g Point (Sampling Point ID) |                 |  | Monitori  | na Pe  | riod (  | Collect | tion Pei   |      | · <del>-</del> | oliance Status |
| _              | om Inventory of Active Samp | ling Points     |  |           |        |         |         |            |      |                | Complete       |
| 30.000         |                             |                 | 10/1/18 - 12/31/18<br>1/1/19 - 3/31/19 |           |        |         |         |            |      |                | Complete       |
|                |                             |                 | 4/1/19 - 6/30/19                       |           |        |         |         |            |      |                | F              |
|                |                             |                 |  | 7/1/19 -  |        |         |         |            |      |                |                |
| Physical Pa    | rameters (PPS)              |                 |  |           |        |         |         | 1          | rou  | tine (RT       | ) per quarter  |
| _              | g Point (Sampling Point ID) |                 |  | Monitori  | ng Pe  | riod (  | Collect | tion Pei   |      | -              | oliance Status |
| Select fi      | om Inventory of Active Samp | ling Points     | :                                      | 10/1/18 - | 12/3:  | 1/18    |         |            |      | (              | Complete       |
|                |                             |                 |  | 1/1/19 -  | 3/31,  | /19     |         |            |      | (              | Complete       |
|                |                             |                 |  | 4/1/19 -  | 6/30,  | /19     |         |            |      |                |                |
|                |                             |                 |  | 7/1/19 -  | 9/30,  | /19     |         |            |      |                |                |
| Water Syste    | em Facility: ENTRY POINT    | (WSF ID: 00700) |  |           |        |         |         |            |      |                |                |
| Nitrate And    | d Nitrite (NOX)             |                 |  |           |        |         |         |            | 1 :  | routine        | (RT) per year  |
| Samplin        | g Point (Sampling Point ID) |                 |  | Monitori  | ng Pe  | riod (  | Collect | tion Pei   | riod | Comp           | oliance Status |
| ENTRY F        | POINT (3)                   |                 |  | 1/1/18 -  | 12/31  | /18     |         |            |      | (              | Complete       |
|                |                             |                 |  | 1/1/19 -  | 12/31  | /19     |         |            |      |                |                |
|                |                             |                 |  | 1/1/20 -  | 12/31  | /20     |         |            |      |                |                |
|                | Water                       | System Facil    | ity and Sar                            | npling    | Poi    | nt Inve | ento    | ry         |      |                |                |
| Water          |                             |                 |  |           |        | 7       | otal    | Lead       | and  |                |                |
| System W       | ater System Facility        | Sampling Point  |  | nt        |        | Со      | liform  | Сор        | oer  |                | Stage          |
| Facility ID    |                             | ID              | Description                            |           | Si     | tatus   | Rule    | Rule       | Tier | Asbesto        | s WQP 2 DBF    |
| 00600 D        | STRIBUTION SYSTEM           | 4               | DISTRIBUTION                           | I SYSTEM  | l      | Α       | Υ       |            |      |                |                |
|                |                             | DOWNSTREAM      | WITHIN 5 SER                           | VICE CON  | N      | Α       |         |            |      |                |                |
|                |                             | UPSTREAM        | WITHIN 5 SER                           | VICE CON  | N      | Α       |         |            |      |                |                |
| 00700 Ef       | ITRY POINT                  | 3               | ENTRY POINT                            |           |        | Α       |         |            |      |                |                |
| 20084 W        | ELL                         | 2               | WELL                                   |           |        | Α       |         |            |      |                |                |
|                |                             | Con             | tact Inforr                            | nation    | 1      |         |         |            |      |                |                |
| Name           |                             | 0               | rganization                            |           |        |         |         |            |      | Job Title      |                |
| Mr. Richard    | C. Lavigne                  | Н               | ole In The Wall                        | Gang Ca   | mp     |         | Fac     | cilities I | Mana | ager           |                |
| Mailing Addr   | ess Line One                | Mailing Addres  | s Line Two                             |           |        |         | С       | ity        |      | State          | Zip Code       |
|                |                             |                 |  |           |        |         |         |            |      |                |                |

Mobile Phone

Ashford

Emergency Phone Email Address

06278

CT

rick.lavigne@holeinthewallgang.org

Route 44

Fax

860-487-2666

565 Ashford Center Road

Extension

Contact Role(s): Administrative Contact

**Business Phone** 

860-487-0574

| C                   | onnecticut                         | Depa    | rtment of      | f Public l                       | Health    | Drir     | ıking   | Water       | Section    |                |  |  |
|---------------------|------------------------------------|---------|----------------|----------------------------------|-----------|----------|---------|-------------|------------|----------------|--|--|
|                     | Wate                               | r Qua   | lity Monit     | coring an                        | nd Con    | nplia    | nce S   | chedul      | le         |                |  |  |
| PWS ID PV           | WS Name                            |         |                |                                  |           | Classif  | ication | Population  | Owner Type | Primary Source |  |  |
| CT0030194 H         | OLE IN THE WALL                    | GANG CA | MP (#2)        |                                  |           | N        | С       | 25          | Р          | GW             |  |  |
| Local Address (whe  | ere applicable)                    |         |                | Service                          | Resider   | ntial Co | mmercia | al Industri | al Combine | ed Agricultura |  |  |
| 565 ASHFORD CEN     | 665 ASHFORD CENTER ROAD (ROUTE 44) |         |                |                                  | S         |          | 4       |             |            |                |  |  |
| Towns Served: ASH   | IFORD                              |         |                |                                  | 1         | '        |         | 1           | 1          | ,              |  |  |
| Name                |                                    |         | 0              | Organization                     |           |          |         | Job Title   |            |                |  |  |
| Mr. Raymond Lam     | ontagne                            |         | Н              | Hole In The Wall Gang Fund Inc P |           |          |         |             |            |                |  |  |
| Mailing Address Lir | ne One                             |         | Mailing Addres | s Line Two                       |           |          | City    |             | State      | Zip Code       |  |  |
| 112 Fifth Ave       |                                    |         |                |                                  |           |          | New Yo  | ork         | NY         | 10128          |  |  |
| Business Phone      | Extension                          | Fax     | Mob            | ile Phone                        | Emergency | y Phone  | Email A | ddress      | ddress     |                |  |  |
| Contact Role(s): L  | egal Contact                       |         |                |                                  |           |          |         |             |            |                |  |  |

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End of schedule

| Connecticut Departme                            | ent of   | Public H      | ealth I      | )rinkir  | ng Water      | Sec     | tion        |                 |
|---|----------|---------------|--------------|----------|---------------|---------|-------------|-----------------|
| Water Quality N                                 | Monit    | oring and     | d Comr       | oliance  | Schedu        | le      |             |                 |
| PWS ID PWS Name                                 |          | 8 -           |              |          | n Population  |         | r Type Pri  | mary Source     |
| CT0030214 JUNE NORCROSS WEBSTER (CAFETE         | RIA WEL  | .L)           |              | NC       | 25            |         | P           | GW              |
| Local Address (where applicable)                |          | Service       | Residentia   | I Comme  |               | ial C   | ombined     | Agricultural    |
| 229 ASHFORD CENTER ROAD                         |          | Connections   |              | 1        |               |         |             |                 |
| Towns Served: ASHFORD                           |          |               |              |          |               |         |             |                 |
|   | Monito   | oring Requ    | irement      | ts       |               |         |             |                 |
| Water System Facility: DISTRIBUTION SYSTEM      | (WSF I   | D: 00600)     |              |          |               |         |             |                 |
| Total Coliform (3100)                           |          |               |              |          |               | 1 routi | ine (RT) po | er quarter      |
| Sampling Point (Sampling Point ID)              |          | 1             | Monitoring   | Period   | Collection Pe | riod    | Complia     | nce Status      |
| Select from Inventory of Active Sampling Points |          | 1             | 10/1/18 - 12 | 2/31/18  |               |         | Con         | nplete          |
|   |          |               | 4/1/19 - 6,  | /30/19   |               |         |             |                 |
|   |          |               | 7/1/19 - 9,  | /30/19   |               |         |             |                 |
| Physical Parameters (PPS)                       |          |               |              |          |               | 1 routi | ine (RT) po | er quarter      |
| Sampling Point (Sampling Point ID)              |          | ı             | Monitoring   | Period   | Collection Pe | riod    | Complia     | nce Status      |
| Select from Inventory of Active Sampling Points |          | 1             | 10/1/18 - 12 | 2/31/18  |               |         | Con         | nplete          |
|   |          |               | 4/1/19 - 6,  | /30/19   |               |         |             |                 |
|   |          |               | 7/1/19 - 9,  | /30/19   |               |         |             |                 |
| Water System Facility: ENTRY POINT (WSF ID:     | 00700)   |               |              |          |               |         |             |                 |
| Nitrate And Nitrite (NOX)                       |          |               |              |          |               | 1 rc    | outine (RT  | ) per year      |
| Sampling Point (Sampling Point ID)              |          | 1             | Monitoring   | Period   | Collection Pe |         | =           | nce Status      |
| ENTRY POINT (3)                                 |          |               | 1/1/18 - 12  | /31/18   |               |         | Con         | nplete          |
|   |          |               | 1/1/19 - 12  | /31/19   | -             |         |             | _               |
|   |          |               | 1/1/20 - 12  | /31/20   |               |         |             |                 |
| O   | ther C   | ompliance     | Schedu       | les      |               |         |             |                 |
| Compliance Schedule Activity                    |          |               | Du           | e Date   | Achi          | eved D  | ate         |                 |
| SEASONAL START UP COMPLETION                    |          |               | 5/:          | 1/2019   |               |         |             |                 |
| Pub   | lic Not  | ification R   | equiren      | nents    |               |         |             |                 |
|   | С        | ompliance     | Notice       | Public   | Notification  |         | PN Certif   | <u>fication</u> |
| Violation/Situation                             |          | Period        | Tier         | Require  | d Performe    | ed Du   | e to DPH    | Received        |
| Total Coliform M&R Violation                    | 4/1/     | /13 - 6/30/13 | 2            | 10/12/20 | )13           | 10,     | /22/2013    |                 |
| Physical Parameters M&R Violation               | 4/1/     | /13 - 6/30/13 | 3            | 9/12/20  | 14            | 9/      | 22/2014     |                 |
| Water System                                    | n Facili | ity and San   | npling P     | oint Inv | ventory       |         |             |                 |
| Water   |          |               |              |          | Total Lead    | and     |             |                 |
| ,   |          | Sampling Poir | nt           | (        |               | per     |             | Stage           |
| Facility ID                                     | D        | Description   |              | Status   | Rule Rule     | Tier /  | Asbestos V  | NQP 2 DBPR      |
|   | 4        | DISTRIBUTION  |              | Α        | Υ             |         |             |                 |
| DOWN  | STREAM   | WITHIN 5 SER  | VICE CON     | Α        |               |         |             |                 |
| UPST  | REAM     | WITHIN 5 SER  | VICE CON     | Α        |               |         |             |                 |
| 00700 ENTRY POINT                               | 3        | ENTRY POINT   |              | Α        |               |         |             |                 |
| 20086 WELL                                      | 2        | WELL          |              | Α        |               |         |             |                 |
|   | Con      | tact Inforn   | nation       |          |               |         |             |                 |

Job Title

State

 $\mathsf{CT}$ 

City

**East Hartford** 

Emergency Phone Email Address

Zip Code

06128

Organization

Mailing Address Line Two

**Mobile Phone** 

P O Box 280098

Fax

Conn. Rivers Council Bsa

Mailing Address Line One

Extension

60 Darlin Street

**Business Phone** 

| (  | Connectic        | ut Depa     | rtme    | ent of    | Public       | Health      | Drin            | nking '                   | Water S     | Section    |                |
|--|------------------|-------------|---------|-----------|--------------|-------------|-----------------|---------------------------|-------------|------------|----------------|
|  |                  | ter Qua     |         |           |              |             |                 |                           |             |            |                |
| PWS ID   | PWS Name         |             |         |           |              |             | Classif         | ication P                 | opulation C | Owner Type | Primary Source |
| CT0030214 .                                    | IUNE NORCROS     | S WEBSTER ( | CAFETE  | RIA WELL  | .)           |             | N               | IC                        | 25          | Р          | GW             |
| Local Address (wl                              | nere applicable) |             |         |           | Service      | Resider     | ntial Commercia |                           | Industrial  | Combine    | d Agricultural |
| 229 ASHFORD CE                                 | NTER ROAD        |             |         |           | Connection   | ns          |                 | 1                         |             |            |                |
| Towns Served: AS                               | SHFORD           |             |         |           | 1            | <u>'</u>    |                 |                           | 1           | '          |                |
| 860-289-6669                                   |                  |             |         |           |              |             |                 |                           |             |            |                |
| Contact Role(s):                               | Owner            |             |         |           |              |             |                 |                           |             |            |                |
| Name   |                  |             |         | Org       | ganization   |             |                 |                           |             | Job Title  |                |
| Mr. Steven A. Smith Connecticut Rivers Council |                  |             |         |           |              |             | :il             |                           | Scout Exec  | utive, Ceo |                |
| Mailing Address I                              | ine One          |             | Mailing | g Address | Line Two     |             |                 |                           | City        | State      | Zip Code       |
| 60 Darlin Street                               |                  |             |         |           |              |             |                 | East Har                  | tford       | СТ         | 06108          |
| Business Phone                                 | Extension        | Fax         |         | Mobile    | e Phone      | Emergency   | / Phone         | Email Ad                  | dress       |            |                |
| 860-913-2710                                   |                  | 860-289-    | 1670    |           |              |             |                 | stsmith@                  | bsamail.or  | g          |                |
| Contact Role(s):                               | Legal Contact    | 1           |         |           |              |             |                 | "                         |             |            |                |
| Name   |                  |             |         | Org       | ganization   |             |                 |                           |             | Job Title  |                |
| Mr. James C. Wa                                | ters             |             |         | Co        | nnecticut Ri | ivers Counc | il              |                           | Director    |            |                |
| Mailing Address I                              | ine One          |             | Mailing | g Address | Line Two     |             |                 |                           | City        | State      | Zip Code       |
| 60 Darlin Street                               |                  |             |         |           |              |             |                 | East Har                  | tford       | СТ         | 06108          |
| Business Phone                                 | Extension        | Fax         | 1       | Mobile    | e Phone      | Emergency   | / Phone         | Email Address             |             |            |                |
| 860-913-2750                                   |                  | 860-289-    | 1670    |           |              |             |                 | James.waters@scouting.org |             |            |                |
| Comtact Dala/a).                               | A -l!!           | C11         |         | 1         |              |             |                 | -                         |             |            |                |

Contact Role(s): Administrative Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                | Connecticut Depa                | artmen     | it of                          | Public H     | lealth    | D     | rinking   | g Wa     | ater       | Sec    | ction            |               |
|----------------|---------------------------------|------------|--------------------------------|--------------|-----------|-------|-----------|----------|------------|--------|------------------|---------------|
|                | Water Qua                       |            |                                |              |           |       | •         | _        |            |        |                  |               |
| PWS ID         | PWS Name                        | <i>y</i>   |                                | 0            |           | _     |           |          |            |        | er Type P        | rimary Source |
| CT0030224      | JUNE NORCROSS WEBSTER           | - WELL #2  |                                |              |           |       | NC        | 2        | :5         |        | Р                | GW            |
| Local Address  | (where applicable)              |            |                                | Service      | Residen   | tial  | Commerc   | ial In   | dustria    | al C   | Combined         | Agricultural  |
| 229 ASHFORE    | CENTER ROAD                     |            |                                | Connections  |           |       | 1         |          |            |        |                  |               |
| Towns Served   | l: ASHFORD                      |            |                                |              |           |       |           | ·        |            |        |                  | ·             |
|                |                                 | Me         | onito                          | ring Requ    | ıireme    | nts   | •         |          |            |        |                  |               |
| Water Syste    | m Facility: DISTRIBUTION S      | YSTEM (\   | WSF II                         | D: 00600)    |           |       |           |          |            |        |                  |               |
| Total Colifo   | rm (3100)                       |            |                                |              |           |       |           |          | 1          | routi  | ine (RT)         | per quarter   |
| Samplin        | g Point (Sampling Point ID)     |            |                                |              | Monitori  | ing F | Period (  | Collecti | ion Per    | iod    | Compl            | iance Status  |
| Select fr      | om Inventory of Active Sampling | g Points   |                                |              | 10/1/18 - | - 12/ | 31/18     |          |            |        | Co               | omplete       |
|                |                                 |            |                                |              | 4/1/19 -  | - 6/3 | 0/19      |          |            |        |                  |               |
|                |                                 |            |                                |              | 7/1/19 -  | - 9/3 | 0/19      |          |            |        |                  |               |
| -              | rameters (PPS)                  |            |                                |              |           |       |           |          |            |        |                  | per quarter   |
| -              | g Point (Sampling Point ID)     |            |                                |              | Monitori  |       |           | Collecti | ion Per    | iod    | •                | iance Status  |
| Select fr      | om Inventory of Active Sampling | g Points   |                                |              | 10/1/18 - |       | *         |          |            |        | Co               | omplete       |
|                |                                 |            |                                |              | 4/1/19 -  |       |           |          |            |        |                  |               |
| M/-1C1         |                                 | NCE ID O   | 2200                           |              | 7/1/19 -  | - 9/3 | 0/19      |          |            |        |                  |               |
|                | m Facility: ENTRY POINT (\      | WSF ID: 00 | J/UU)                          |              |           |       |           |          |            |        |                  |               |
|                | Nitrite (NOX)                   |            |                                |              | 0.0       |       | and and   | C - 1145 | · 0        |        | _                | RT) per year  |
|                | g Point (Sampling Point ID)     |            | <b>Monitoring</b> 1/1/18 - 12/ |              |           |       |           | Collecti | ion Per    | 10a    |                  | iance Status  |
| ENTRY P        | OINT (3)                        |            |                                |              | 1/1/18 -  |       |           |          |            | _      |                  | omplete       |
|                |                                 |            |                                |              | 1/1/20 -  |       |           |          |            |        |                  |               |
|                |                                 | Oth        | er Co                          | ompliance    |           |       | •         |          |            |        |                  |               |
| Compliance S   | Schedule Activity               |            |                                |              |           |       | Date      |          | Achie      | ved D  | ate              |               |
| _              | ART UP COMPLETION               |            |                                |              |           |       | 2019      |          |            |        |                  |               |
|                |                                 | Public     | Not                            | ification R  |           |       |           |          |            |        |                  |               |
|                |                                 |            |                                | ompliance    | Notice    |       | Public N  | Votifica | ition      |        | PN Cer           | tification    |
| Violation/Sit  | uation                          |            |                                | Period       | Tier      |       | Required  | _        | <br>formed | d Du   | e to DPH         | _             |
| Total Coliforn | n M&R Violation                 |            | 4/1/                           | 13 - 6/30/13 | 2         | -     | 10/12/201 | 3        |            | 10,    | <b>/22/201</b> 3 | }             |
|                | Water S                         | ystem F    | acili                          | ty and Sai   | npling    | Po    | int Inve  | entor    | ſy         |        |                  |               |
| Water          |                                 |            |                                |              |           |       | 7         | otal     | Lead (     | and    |                  |               |
| - /            | ater System Facility            |            | Point                          | Sampling Poi | nt        |       |           | liform   | Copp       |        |                  | Stage         |
| Facility ID    | CTDIDLITION CVCTC               | ID         |                                | Description  |           |       | Status    | Rule     | Rule       | Tier / | Asbestos         | WQP 2 DBPR    |
| 00600 DI       | STRIBUTION SYSTEM               | 4          | DE 4.4.4                       | DISTRIBUTION |           |       | A         | Υ        |            |        |                  |               |
|                |                                 | UPSTRE     |                                | WITHIN 5 SEF |           |       | A<br>A    |          |            |        |                  |               |
| 00700 EN       | ITRY POINT                      | 3          | ∠(IVI                          | ENTRY POINT  |           | 1     | A         |          |            |        |                  |               |
|                | ELL                             | 2          |                                | WELL         |           |       | A         |          |            |        |                  |               |
|                | MOSPHERIC STORAGE               |            |                                | VVLLL        |           |       | ^         |          |            |        |                  |               |
| 01009 A1       | IVIOSETIENIC STURAGE            |            |                                |              |           |       |           |          |            |        |                  |               |

| Contact Information          |           |     |              |                |                 |                          |           |       |          |  |
|------------------------------|-----------|-----|--------------|----------------|-----------------|--------------------------|-----------|-------|----------|--|
| Name                         |           |     |              | Organization   |                 |                          | Job Title |       |          |  |
| Conn. Rivers Council Bsa     |           |     |              |                |                 |                          |           |       |          |  |
| Mailing Address Lin          | e One     |     | Mailing Addr | dress Line Two |                 |                          | City      |       | Zip Code |  |
| 60 Darlin Street P O Box 280 |           |     | P O Box 2800 | )98            | East Hartford   |                          | СТ        | 06128 |          |  |
| Business Phone               | Extension | Fax | Mo           | bile Phone     | Emergency Phone | ency Phone Email Address |           |       |          |  |

| Water Quality Monitoring and Compliance Schedule  PWS ID PWS Name Classification Population Owner Type Prime  CT0030224 JUNE NORCROSS WEBSTER - WELL #2 NC 25 P  Local Address (where applicable) Service Residential Commercial Industrial Combined A  229 ASHFORD CENTER ROAD Connections 1  Towns Served: ASHFORD  860-289-6669 | mary Source<br>GW<br>Agricultural |  |  |  |  |  |  |  |  |
|--|-----------------------------------|--|--|--|--|--|--|--|--|
| CT0030224 JUNE NORCROSS WEBSTER - WELL #2  Local Address (where applicable)  229 ASHFORD CENTER ROAD  Towns Served: ASHFORD  | GW                                |  |  |  |  |  |  |  |  |
| Local Address (where applicable)  Service Residential Commercial Industrial Combined A  229 ASHFORD CENTER ROAD  Towns Served: ASHFORD   |                                   |  |  |  |  |  |  |  |  |
| 229 ASHFORD CENTER ROAD  Towns Served: ASHFORD   | Agricultural                      |  |  |  |  |  |  |  |  |
| Towns Served: ASHFORD  |                                   |  |  |  |  |  |  |  |  |
|  |                                   |  |  |  |  |  |  |  |  |
| 860.380.6660   |                                   |  |  |  |  |  |  |  |  |
| 000-203-0003   |                                   |  |  |  |  |  |  |  |  |
| Contact Role(s): Owner   |                                   |  |  |  |  |  |  |  |  |
| Name Organization Job Title  |                                   |  |  |  |  |  |  |  |  |
| Mr. Steven A. Smith Connecticut Rivers Council Scout Executive, Ceo  |                                   |  |  |  |  |  |  |  |  |
| Mailing Address Line One Mailing Address Line Two City State Z   | Zip Code                          |  |  |  |  |  |  |  |  |
| 60 Darlin Street East Hartford CT  | 06108                             |  |  |  |  |  |  |  |  |
| Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  |                                   |  |  |  |  |  |  |  |  |
| 860-913-2710 860-289-1670 stsmith@bsamail.org  |                                   |  |  |  |  |  |  |  |  |
| Contact Role(s): Legal Contact   |                                   |  |  |  |  |  |  |  |  |
| Name Organization Job Title  |                                   |  |  |  |  |  |  |  |  |
| Mr. James C. Waters Connecticut Rivers Council Director  |                                   |  |  |  |  |  |  |  |  |
| Mailing Address Line One Mailing Address Line Two City State Z   | Zip Code                          |  |  |  |  |  |  |  |  |
| 60 Darlin Street East Hartford CT  | 06108                             |  |  |  |  |  |  |  |  |
| Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  |                                   |  |  |  |  |  |  |  |  |
| 860-913-2750 860-289-1670 James.waters@scouting.org  | James.waters@scouting.org         |  |  |  |  |  |  |  |  |

Contact Role(s): Administrative Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- B. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                 | Connecticut l                  | Department of        | Public H       | ealth D                        | rink     | ing V   | Vater    | Se   | ction      |          |               |
|-----------------|--------------------------------|----------------------|----------------|--------------------------------|----------|---------|----------|------|------------|----------|---------------|
|                 | Water                          | <b>Quality Monit</b> | oring and      | d Comp                         | lian     | ce Sc   | hedul    | e    |            |          |               |
| PWS ID          | PWS Name                       |                      |                | Cla                            | assifica | tion Po | pulation | Owr  | ner Type I | Primary  | Source        |
| СТ003025        | P&D REALTY, LLC                |                      |                |                                | NC       |         | 30       |      | Р          | GV       | V             |
| Local Add       | lress (where applicable)       |                      | Service        | Residential                    | Comr     | mercial | Industri | al   | Combined   | d Agric  | cultural      |
| 174 ASHF        | ORD CENTER ROAD                |                      | Connections    |                                |          | 1       |          |      |            |          |               |
| Towns Se        | rved: ASHFORD                  |                      |                |                                |          |         |          |      |            |          |               |
|                 |                                | Monito               | oring Requ     | irement                        | S        |         |          |      |            |          |               |
| Water Sy        | stem Facility: <b>DISTRIBU</b> | TION SYSTEM (WSF I   | D: 00600)      |                                |          |         |          |      |            |          |               |
| <b>Total Co</b> | oliform (3100)                 |                      |                |                                |          |         | 1        | rou  | tine (RT)  | per qu   | ıarter        |
| Sam             | pling Point (Sampling Point i  | ID)                  | 1              | Monitoring Period Collection F |          |         |          |      | Comp       | liance S | tatus         |
| Selec           | ct from Inventory of Active Sa | ampling Points       | 1              | .0/1/18 - 12,                  | /31/18   |         |          |      | С          | omplete  | e             |
|                 |                                |                      |                | 1/1/19 - 3/3                   | 31/19    |         |          |      | С          | omplete  | e             |
|                 |                                |                      |                | 4/1/19 - 6/3                   | 30/19    |         |          |      |            |          |               |
|                 |                                |                      |                | 7/1/19 - 9/3                   | 30/19    |         |          |      |            |          |               |
| Physical        | Parameters (PPS)               |                      |                |                                |          |         | 1        | rou  | tine (RT)  | per qu   | ıarter        |
| Sam             | pling Point (Sampling Point    | ID)                  | 1              | Monitoring I                   | Period   | Colle   | ction Pe | riod | Comp       | liance S | tatus         |
| Selec           | ct from Inventory of Active Sa | ampling Points       | 1              | 0/1/18 - 12,                   | /31/18   |         |          |      | С          | omplete  | 9             |
|                 |                                |                      |                | 1/1/19 - 3/3                   | 31/19    |         |          |      | С          | omplete  | 9             |
|                 |                                |                      |                | 4/1/19 - 6/3                   | 30/19    |         |          |      |            |          |               |
|                 |                                |                      |                | 7/1/19 - 9/3                   | 30/19    |         |          |      |            |          |               |
| Water Sy        | stem Facility: ENTRY PO        | INT (WSF ID: 00700)  |                |                                |          |         |          |      |            |          |               |
| Nitrate A       | And Nitrite (NOX)              |                      |                |                                |          |         |          | 1    | routine (  | RT) per  | r <b>year</b> |
| Sam             | pling Point (Sampling Point    | ID)                  | 1              | Monitoring I                   | Period   | Colle   | ction Pe | riod | Comp       | liance S | tatus         |
| ENT             | RY POINT (3)                   |                      |                | 1/1/18 - 12/                   | 31/18    |         |          |      | С          | omplete  | e             |
|                 |                                |                      |                | 1/1/19 - 12/                   | 31/19    |         |          |      | С          | omplete  | e             |
|                 |                                |                      | :              | 1/1/20 - 12/                   | 31/20    |         |          |      |            |          |               |
|                 | Wa                             | ter System Facili    | ty and San     | npling Po                      | oint I   | nvent   | ory      |      |            |          |               |
| Water           |                                |                      |                |                                |          | Total   | Lead     | and  |            |          |               |
| System          | Water System Facility          | Sampling Point       | Sampling Poin  | it                             |          | Colifor |          |      |            |          | Stage         |
| Facility ID     |                                | ID                   | Description    |                                | Status   | s Rule  | Rule     | Tier | Asbestos   | WQP .    | 2 DBPR        |
| 00600           | DISTRIBUTION SYSTEM            | 4                    | DISTRIBUTION   | SYSTEM                         | Α        | Υ       |          |      |            |          |               |
|                 |                                | DOWNSTREAM           | WITHIN 5 SER   | VICE CON                       | Α        |         |          |      |            |          |               |
|                 |                                | UPSTREAM             | WITHIN 5 SER   | VICE CON                       | Α        |         |          |      |            |          |               |
| 00700           | ENTRY POINT                    | 3                    | ENTRY POINT    |                                | Α        |         |          |      |            |          |               |
| 60466           | WELL #2                        | 2                    | WELL #2        |                                | Α        |         |          |      |            |          |               |
|                 |                                | Con                  | tact Inforn    | nation                         |          |         |          |      |            |          |               |
| Name            |                                | Oı                   | rganization    |                                |          |         |          |      | Job Title  |          |               |
| Mr. Peter       | Lytras                         |                      | &G Realty, LLC |                                |          | C       | Owner    |      |            |          |               |
| Mailing A       | ddress Line One                | Mailing Address      | s Line Two     |                                |          |         | City     |      | State      | Zip C    | ode           |
| 174 Ashfo       | ord Center Road                |                      |                |                                | A        | shford  |          |      | СТ         | 062      | 78            |
|                 |                                | <u> </u>             |                |                                |          |         |          |      |            |          |               |

Emergency Phone Email Address

860-429-1932

Mobile Phone

**Business Phone** 

860-429-1932

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-429-4481

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                  | water quality monne              | or mg am | u don | ipiidiiee t    | Jeneau       |            |                       |
|------------------|----------------------------------|----------|-------|----------------|--------------|------------|-----------------------|
| PWS ID           | PWS Name                         |          |       | Classification | Population   | Owner Type | <b>Primary Source</b> |
| CT0030254        | P&D REALTY, LLC                  | NC       | 30    | Р              | GW           |            |                       |
| Local Address (v | Local Address (where applicable) |          |       | tial Commerci  | ial Industri | al Combine | ed Agricultural       |
| 174 ASHFORD C    | Connections                      |          | 1     |                |              |            |                       |
| Towns Served:    | ASHFORD                          | ·        |       |                |              |            |                       |

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                  | 0                                  |                                       | CD 11. 7     | r 1.1 -     |               |            |            |            |                |
|------------------|------------------------------------|---------------------------------------|--------------|-------------|---------------|------------|------------|------------|----------------|
|                  | Connecticut Dep                    |                                       |              |             |               | O          |            | ection     |                |
|                  | Water Qu                           | ality Monit                           | oring an     | d Com       | oliano        | ce Sch     | edule      |            |                |
| PWS ID           | PWS Name                           |                                       |              |             | lassificat    | tion Popu  | lation Ow  | ner Type F | Primary Source |
| CT0030284        | 4 SMITTY'S, LLC                    |                                       |              |             | NC            | 2          | 28         | Р          | GW             |
| Local Addr       | ess (where applicable)             |                                       | Service      | Residentia  | al Comr       | nercial Ir | ndustrial  | Combined   | d Agricultural |
| 259 & 261        | FERENCE ROAD                       |                                       | Connections  |             |               | 1          |            |            |                |
| Towns Ser        | ved: ASHFORD                       |                                       |              |             | '             | ,          | 1          |            | 1              |
|                  |                                    | Monit                                 | oring Requ   | uiremen     | ts            |            |            |            |                |
| Water Sys        | stem Facility: <b>DISTRIBUTION</b> | SYSTEM (WSF I                         | D: 00600)    |             |               |            |            |            |                |
| <b>Total Col</b> | iform (3100)                       |                                       |              |             |               |            | 1 ro       | utine (RT) | per quarter    |
| Samp             | oling Point (Sampling Point ID)    |                                       |              | Monitoring  | g Period      | Collect    | ion Period | Compl      | iance Status   |
| Selec            | t from Inventory of Active Sampli  | ng Points                             |              | 10/1/18 - 1 | 2/31/18       |            |            | C          | omplete        |
|                  |                                    |                                       |              | 1/1/19 - 3  | /31/19        |            |            | C          | omplete        |
|                  |                                    |                                       |              | 4/1/19 - 6  | /30/19        |            |            |            |                |
|                  |                                    |                                       |              | 7/1/19 - 9  | /30/19        |            |            |            |                |
| Physical         | Parameters (PPS)                   |                                       |              |             |               |            | 1 ro       | utine (RT) | per quarter    |
| Samp             | oling Point (Sampling Point ID)    |                                       |              | Monitoring  | g Period      | Collect    | ion Period | Compl      | iance Status   |
| Select           | t from Inventory of Active Sampli  | ng Points                             |              | 10/1/18 - 1 | 2/31/18       |            |            | C          | omplete        |
|                  |                                    |                                       |              | 1/1/19 - 3  |               |            |            | C          | omplete        |
|                  |                                    |                                       |              | 4/1/19 - 6  |               |            |            |            |                |
|                  |                                    |                                       |              | 7/1/19 - 9  | /30/19        |            |            |            |                |
| Water Sys        | stem Facility: ENTRY POINT         | (WSF ID: 00700)                       |              |             |               |            |            |            |                |
|                  | and Nitrite (NOX)                  |                                       |              |             |               |            | 1          | _          | RT) per year   |
| Samp             | oling Point (Sampling Point ID)    |                                       |              | Monitoring  | <i>Period</i> | Collect    | ion Period |            | iance Status   |
| ENTR             | Y POINT (3)                        |                                       |              | 1/1/18 - 12 |               |            |            |            | omplete        |
|                  |                                    |                                       |              | 1/1/19 - 12 |               |            |            | C          | omplete        |
|                  |                                    |                                       |              | 1/1/20 - 12 | 2/31/20       |            |            |            |                |
|                  | Water                              | System Facil                          | ity and Sai  | mpling F    | oint I        | nvento     | ry         |            |                |
| Water            |                                    |                                       |              |             |               | Total      | Lead and   | 1          |                |
| System           | Water System Facility              | Sampling Point                        |              | int         |               | Coliform   |            |            | Stage          |
| Facility ID      |                                    | ID                                    | Description  |             | Status        |            | Rule Tier  | Asbestos   | WQP 2 DBPR     |
| 00600            | DISTRIBUTION SYSTEM                | 4                                     | DISTRIBUTIO  |             | Α             | Υ          |            |            |                |
|                  |                                    | DOWNSTREAM                            |              |             | Α             |            |            |            |                |
|                  |                                    | UPSTREAM                              | WITHIN 5 SEF |             | Α             |            |            |            |                |
|                  | ENTRY POINT                        | 3                                     | ENTRY POINT  | -           | Α             |            |            |            |                |
|                  | WELL                               | 2                                     | WELL         |             | Α             |            |            |            |                |
| 56840            | TREATMENT SYSTEM                   |                                       |              |             |               |            |            |            |                |
|                  |                                    | Con                                   | tact Infori  | mation      |               |            |            |            |                |
| Name             |                                    | 0                                     | rganization  |             |               |            |            | Job Title  |                |
| Mr. Eugen        | e Smith                            |                                       | mitty's, LLC |             |               |            |            |            |                |
| Mailing Ad       | Idress Line One                    | Mailing Addres                        | s Line Two   |             |               | С          | ity        | State      | Zip Code       |
| 259 & 261        | Ference Road                       |                                       |              |             | As            | shford     |            | СТ         | 06278          |
|                  |                                    | · · · · · · · · · · · · · · · · · · · |              |             |               |            |            |            |                |

Emergency Phone Email Address

860-627-2741

Mobile Phone

**Business Phone** 

860-477-0265

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

| Connecticut Department of Public Health | <b>Drinking Water Section</b> |
|---|-------------------------------|
| Water Quality Monitoring and Com        | ipliance Schedule             |

|                  | Water Quarty Monne | or mig am   | a don   | ipmamee t      | ociicaai    |            |                 |
|------------------|--------------------|-------------|---------|----------------|-------------|------------|-----------------|
| PWS ID           | PWS Name           |             |         | Classification | Population  | Owner Type | Primary Source  |
| CT0030284        | SMITTY'S, LLC      |             |         | NC             | 28          | Р          | GW              |
| Local Address (v | vhere applicable)  | Service     | Residen | tial Commerci  | al Industri | al Combine | ed Agricultural |
| 259 & 261 FERE   | NCE ROAD           | Connections |         | 1              |             |            |                 |
| Towns Served: A  | ASHFORD            |             |         |                |             | ·          |                 |

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                       | Connecticut De               | nartment of            | Public L        | Jaalth I    | rin    | king M   | Jator S      | ection     |                       |
|-----------------------|------------------------------|------------------------|-----------------|-------------|--------|----------|--------------|------------|-----------------------|
|                       |                              | •                      |                 |             |        | <u> </u> |              | ection     |                       |
|                       |                              | iality Monit           | oring an        |             |        |          |              |            |                       |
| PWS ID                | PWS Name                     |                        |                 | С           |        |          |              |            | Primary Source        |
| CT0030294             | SAINT PHILIP CHURCH RE       | CTORY                  |                 |             | NC     |          | 26           | Р          | GW                    |
|                       | s (where applicable)         |                        | Service         | Residentia  | al Con |          | Industrial   | Combine    | d Agricultural        |
|                       | HOLLOW ROAD                  |                        | Connections     |             |        | 1        |              |            |                       |
| Towns Serve           | d: ASHFORD                   |                        |                 |             |        |          |              |            |                       |
|                       |                              | Monito                 | oring Requ      | uiremen     | ts     |          |              |            |                       |
| Water Syste           | em Facility: DISTRIBUTION    | SYSTEM (WSFI           | D: 00600)       |             |        |          |              |            |                       |
| <b>Total Colifo</b>   | orm (3100)                   |                        |                 |             |        |          | 1 ro         | utine (RT) | per quarter           |
| Samplin               | g Point (Sampling Point ID)  |                        |                 | Monitoring  | Perio  | d Collec | ction Period | d Comp     | liance Status         |
| Select fr             | om Inventory of Active Sampl | ling Points            |                 | 10/1/18 - 1 | 2/31/1 | .8       |              | C          | omplete               |
|                       |                              |                        |                 | 1/1/19 - 3  |        |          |              | С          | omplete               |
|                       |                              |                        |                 | 4/1/19 - 6  |        |          |              |            |                       |
|                       |                              |                        |                 | 7/1/19 - 9  | /30/19 | )        |              |            |                       |
| •                     | rameters (PPS)               |                        |                 |             |        |          |              |            | per quarter           |
|                       | g Point (Sampling Point ID)  |                        |                 | Monitoring  |        |          | ction Period |            | liance Status         |
| Select fr             | om Inventory of Active Sampl | ling Points            |                 | 10/1/18 - 1 |        |          |              |            | omplete               |
|                       |                              |                        |                 | 1/1/19 - 3  |        |          |              | С          | omplete               |
|                       |                              |                        |                 | 4/1/19 - 6  |        |          |              |            |                       |
|                       |                              |                        |                 | 7/1/19 - 9  | /30/19 | )        |              |            |                       |
| -                     | em Facility: ENTRY POINT     | (WSF ID: 00700)        |                 |             |        |          |              |            |                       |
|                       | d Nitrite (NOX)              |                        |                 |             |        |          |              | -          | RT) per year          |
| _                     | g Point (Sampling Point ID)  |                        |                 | Monitoring  |        |          | ction Period |            | liance Status         |
| ENTRY                 | POINT (3)                    |                        |                 | 1/1/18 - 12 |        |          |              | C          | omplete               |
|                       |                              |                        |                 | 1/1/19 - 12 |        |          |              |            |                       |
|                       |                              |                        |                 | 1/1/20 - 12 |        |          |              |            |                       |
|                       | Water                        | System Facili          | ity and Sa      | mpling P    | oint   | Invento  | ory          |            |                       |
| Water                 |                              |                        |                 |             |        | Total    | Lead and     |            |                       |
|                       | ater System Facility         | Sampling Point<br>ID   | Sampling Po     | int         |        | Coliforn |              |            | Stage<br>S WQP 2 DBPR |
| Facility ID  00600 DI | CTDIDLITION CVCTEM           |                        |                 | NI CVCTENA  | Stat   |          | Kule He      | T ASDESIO  | WQP 2 DBPK            |
| 00000 Di              | STRIBUTION SYSTEM            | 4                      | DISTRIBUTIO     |             | A      | Y        |              |            |                       |
|                       |                              | DOWNSTREAM<br>UPSTREAM | WITHIN 5 SE     |             | A      |          |              |            |                       |
| 00700 F               | ITDY DOINT                   |                        |                 |             | A      |          |              |            |                       |
|                       | NTRY POINT                   | 3                      | ENTRY POINT     | <u> </u>    | Α      |          |              |            |                       |
|                       | ELL 1                        | 2                      | WELL 1          |             | A      |          |              |            |                       |
| 59750 W               | ELL 2                        | 2                      | WELL 2          |             | A      |          |              |            |                       |
|                       |                              | Con                    | tact Infor      | mation      |        |          |              |            |                       |
| Name                  |                              |                        | rganization     |             |        |          |              | Job Title  |                       |
| Ms. Ann Phil          | <u> </u>                     |                        | . Philip Church | Corp        | -      | Pa       | arish Secret | ary        |                       |
| Mailing Addr          |                              | Mailing Addres         |                 |             |        |          | City         | State      | Zip Code              |
| St. Philip Chu        | rch Corp                     | 64 Pompey Hol          | low Road        |             |        | Ashford  |              | СТ         | 06278                 |

Emergency Phone Email Address

stphilipstjude@gmail.com

Mobile Phone

**Business Phone** 

860-429-2860

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                  | water Quarty Me             | mitoring and | a Con   | ipilanice i    | ociicuu.    | i C        |                 |
|------------------|-----------------------------|--------------|---------|----------------|-------------|------------|-----------------|
| PWS ID           | PWS Name                    |              |         | Classification | Population  | Owner Type | Primary Source  |
| СТ0030294        | SAINT PHILIP CHURCH RECTORY |              |         | NC             | 26          | Р          | GW              |
| Local Address (\ | where applicable)           | Service      | Residen | tial Commerc   | ial Industr | ial Combin | ed Agricultural |
| 64 POMPEY HO     | LLOW ROAD                   | Connections  |         | 1              |             |            |                 |
| Towns Served:    | ASHFORD                     |              |         |                |             |            |                 |

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                     | Conne           | ectic     | ut Departme         | nt of    | Public       | Health [     | )rin     | king         | Wa     | ater Se   | ction        |               |
|---------------------|-----------------|-----------|---------------------|----------|--------------|--------------|----------|--------------|--------|-----------|--------------|---------------|
|                     |                 | Wat       | ter Quality M       | Ionit    | oring a      | nd Comp      | oliai    | nce S        | che    | edule     |              |               |
| PWS ID              | PWS Nan         | ne        |                     |          |              | C            | lassific | cation       | Popul  | ation Ow  | ner Type F   | rimary Source |
| CT0030314           | RM'S BA         | R & GRI   | LL                  |          |              |              | NO       | 2            | 2      | 5         | Р            | GW            |
| Local Address       | (where app      | licable)  |                     |          | Service      | Residentia   | l Cor    | nmercia      | l In   | dustrial  | Combined     | Agricultural  |
| 362 ASHFORI         | CENTER RO       | AD        |                     |          | Connection   | ns           |          | 1            |        |           |              |               |
| Towns Serve         | : ASHFORD       |           |                     |          |              |              | ,        |              |        |           |              |               |
|                     |                 |           | N                   | /lonit   | oring Rec    | quirement    | ts       |              |        |           |              |               |
| Water Syste         | m Facility:     | DISTR     | IBUTION SYSTEM      | (WSF I   | D: 00600)    |              |          |              |        |           |              |               |
| <b>Total Colifc</b> | rm (3100)       |           |                     |          |              |              |          |              |        | 1 rou     | itine (RT)   | per quarter   |
| Samplin             | g Point (Sam    | pling Po  | oint ID)            |          |              | Monitoring   | Perio    | d Co         | llecti | on Period | Compl        | iance Status  |
| Select fr           | om Inventory    | y of Acti | ve Sampling Points  |          |              | 10/1/18 - 12 | 2/31/1   | 18           |        |           | Co           | omplete       |
|                     |                 |           |                     |          |              | 1/1/19 - 3/  | /31/19   | 9            |        |           | Co           | omplete       |
|                     |                 |           |                     |          |              | 4/1/19 - 6/  | /30/19   | )            |        |           |              |               |
|                     |                 |           |                     |          |              | 7/1/19 - 9/  | /30/19   | )            |        |           |              |               |
| <b>Physical Pa</b>  | rameters (      | PPS)      |                     |          |              |              |          |              |        | 1 rou     | itine (RT)   | per quarter   |
|                     | g Point (Sam    |           |                     |          |              | Monitoring   |          |              | llecti | on Period | Compl        | iance Status  |
| Select fr           | om Inventor     | y of Acti | ve Sampling Points  |          |              | 10/1/18 - 12 |          |              |        |           |              | omplete       |
|                     |                 |           |                     |          |              | 1/1/19 - 3/  |          |              |        |           | Co           | omplete       |
|                     |                 |           |                     |          |              | 4/1/19 - 6/  |          |              |        |           |              |               |
|                     |                 |           |                     |          |              | 7/1/19 - 9/  | /30/19   | <del>)</del> |        |           |              |               |
| Water Syste         | m Facility:     | ENTR      | POINT (WSF ID:      | 00700)   |              |              |          |              |        |           |              |               |
|                     | l Nitrite (N    | -         |                     |          |              |              |          |              |        | 1         | <del>-</del> | RT) per year  |
| Samplin             | g Point (Sam    | pling Po  | oint ID)            |          |              | Monitoring   | Perio    | d Co         | llecti | on Period | Compl        | iance Status  |
| ENTRY P             | OINT (3)        |           |                     |          |              | 1/1/18 - 12  |          |              |        |           | Co           | omplete       |
|                     |                 |           |                     |          |              | 1/1/19 - 12  |          |              |        |           |              |               |
|                     |                 |           |                     |          |              | 1/1/20 - 12  | /31/2    | 0            |        |           |              |               |
|                     |                 |           | <b>Water System</b> | Facili   | ty and Sa    | ampling P    | oint     | Inve         | ntor   | У         |              |               |
| Water               |                 |           |                     |          |              |              |          | То           | tal    | Lead and  |              |               |
| -                   | ater System     | Facility  | •                   | _        | Sampling P   |              |          | Colif        | orm    | Copper    |              | Stage         |
| Facility ID         |                 |           |                     | )        | Description  |              | Stat     | .us          | ıle    | Rule Tier | Asbestos     | WQP 2 DBPR    |
| 00600 DI            | STRIBUTION      | SYSTEM    |                     | ļ        |              | ON SYSTEM    | Α        | •            | Y      |           |              |               |
|                     |                 |           |                     |          |              | ERVICE CON   | Α        |              |        |           |              |               |
|                     |                 |           | UPSTI               | REAM     | WITHIN 5 S   | ERVICE CON   | Α        |              |        |           |              |               |
| 00700 EN            | ITRY POINT      |           | 3                   | }        | ENTRY POIN   | NT           | Α        |              |        |           |              |               |
| 20095 W             | ELL             |           |                     | <u> </u> | WELL         |              | Α        |              |        |           |              |               |
|                     |                 |           |                     | Con      | tact Info    | rmation      |          |              |        |           |              |               |
| Name                |                 |           |                     | Oı       | rganization  |              |          |              |        |           | Job Title    |               |
| Mr. Robert N        | /lacfarlane, II | II        |                     | R        | M Bar & Gril | I, LLC       |          |              | Pres   | sident    |              |               |
| Mailing Addr        | ess Line One    |           | Mailing             | Address  | s Line Two   |              |          |              | Ci     | ty        | State        | Zip Code      |
| 21 Abington         | Road            |           |                     |          |              |              |          | Pomfre       | t Cen  | ter       | CT           | 06259         |
| Business Ph         | none Exte       | nsion     | Fax                 | Mobi     | le Phone     | Emergency Pl | hone     | Email A      | ddres  | SS        |              |               |

860-974-1490

Contact Role(s): Administrative Contact, Legal Contact, Owner

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                  | vvater Quarity M  | Jiiitoi iiig aiit | a Gon   | ipmanice i     | Jeneau       | i C        |                 |
|------------------|-------------------|-------------------|---------|----------------|--------------|------------|-----------------|
| PWS ID           | PWS Name          |                   |         | Classification | Population   | Owner Type | Primary Source  |
| CT0030314        | RM'S BAR & GRILL  |                   |         | NC             | 25           | Р          | GW              |
| Local Address (v | where applicable) | Service           | Residen | tial Commerc   | ial Industri | al Combine | ed Agricultural |
| 362 ASHFORD C    | ENTER ROAD        | Connections       |         | 1              |              |            |                 |
| Towns Served:    | ASHFORD           |                   |         | ·              |              |            |                 |

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |                                      |         |         |       |            |             |            |                 |  |  |
|--|--------------------------------------|---------|---------|-------|------------|-------------|------------|-----------------|--|--|
| Water Quality Monitoring and Compliance Schedule               |                                      |         |         |       |            |             |            |                 |  |  |
| PWS ID   | PWS Name                             |         |         | Clas  | sification | Population  | Owner Type | Primary Source  |  |  |
| CT0030364  | CEDAR HOLLOW SHOPS - 141 KNOTT HIGH\ | WAY     |         |       | NC         | 50          | Р          | GW              |  |  |
| Local Address (v   | vhere applicable)                    | Service | Residen | itial | Commerci   | al Industri | al Combine | ed Agricultural |  |  |
| 141 NOTT HIGH  | 41 NOTT HIGHWAY Connections 1        |         |         |       |            |             |            |                 |  |  |
| Towns Served: ASHFORD  |                                      |         |         |       |            |             |            |                 |  |  |

| Monitoring Requirements                            |                    |                          |                          |  |  |  |  |  |
|--|--------------------|--------------------------|--------------------------|--|--|--|--|--|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID | ): 00600)          |                          |                          |  |  |  |  |  |
| Total Coliform (3100) 1 routine (RT) per quarter   |                    |                          |                          |  |  |  |  |  |
| Sampling Point (Sampling Point ID)                 | Monitoring Period  | <b>Collection Period</b> | Compliance Status        |  |  |  |  |  |
| Select from Inventory of Active Sampling Points    | 10/1/18 - 12/31/18 |                          | Complete                 |  |  |  |  |  |
|  | 1/1/19 - 3/31/19   |                          | Complete                 |  |  |  |  |  |
|  | 4/1/19 - 6/30/19   |                          |                          |  |  |  |  |  |
|  | 7/1/19 - 9/30/19   |                          |                          |  |  |  |  |  |
| Physical Parameters (PPS) 1 routine (RT) per quart |                    |                          |                          |  |  |  |  |  |
| Sampling Point (Sampling Point ID)                 | Monitoring Period  | <b>Collection Period</b> | Compliance Status        |  |  |  |  |  |
| Select from Inventory of Active Sampling Points    | 10/1/18 - 12/31/18 |                          | Complete                 |  |  |  |  |  |
|  | 1/1/19 - 3/31/19   |                          | Complete                 |  |  |  |  |  |
|  | 4/1/19 - 6/30/19   |                          |                          |  |  |  |  |  |
|  | 7/1/19 - 9/30/19   |                          |                          |  |  |  |  |  |
| Water System Facility: ENTRY POINT (WSF ID: 00700) |                    |                          |                          |  |  |  |  |  |
| Nitrate And Nitrite (NOX)                          |                    | 1 r                      | outine (RT) per year     |  |  |  |  |  |
| Sampling Point (Sampling Point ID)                 | Monitoring Period  | <b>Collection Period</b> | <b>Compliance Status</b> |  |  |  |  |  |
| ENTRY POINT (3)                                    | 1/1/18 - 12/31/18  |                          | Complete                 |  |  |  |  |  |
|  | 1/1/19 - 12/31/19  |                          |                          |  |  |  |  |  |
|  | 1/1/20 - 12/31/20  |                          |                          |  |  |  |  |  |
| Other Co   | mpliance Schedules |                          |                          |  |  |  |  |  |

|                                | 1/1/19 - 12/31/19          |               |  |  |  |  |  |  |  |
|--------------------------------|----------------------------|---------------|--|--|--|--|--|--|--|
|                                | 1/1/20 - 12/31/20          |               |  |  |  |  |  |  |  |
| Other Co                       | Other Compliance Schedules |               |  |  |  |  |  |  |  |
| Compliance Schedule Activity   | Due Date                   | Achieved Date |  |  |  |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT | 3/1/2020                   |               |  |  |  |  |  |  |  |

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |                           |   |  |  |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---|--|--|--|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule | Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR |  |  |  |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 4                    | DISTRIBUTION SYSTEM        | Α      | Υ                         |   |  |  |  |  |  |
|                                |  | CHS1                 | UNIT A BATHROOM            | Α      | Υ                         | Υ   |  |  |  |  |  |
|                                |  | CHS2                 | UNIT B BATHROOM            | Α      | Υ                         | Υ   |  |  |  |  |  |
|                                |  | CHS3                 | UNIT C BATHROOM            | Α      | Υ                         | Υ   |  |  |  |  |  |
|                                |  | CHS4                 | UNIT D FOOD PREP           | Α      | Υ                         | Υ   |  |  |  |  |  |
|                                |  | CHS5                 | UNIT D HAND SINK           | Α      | Υ                         | Υ   |  |  |  |  |  |
|                                |  | CHS6                 | UNIT D BATHROOM            | Α      | Υ                         | Υ   |  |  |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |   |  |  |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |   |  |  |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α      |                           |   |  |  |  |  |  |
| 20098                          | WELL   | 2                    | WELL                       | Α      |                           |   |  |  |  |  |  |

|  | Water Quality Monitoring and Compliance Schedule |         |       |          |             |            |                 |                |  |  |
|--|--|---------|-------|----------|-------------|------------|-----------------|----------------|--|--|
| PWS ID   | WS ID PWS Name                                   |         |       |          |             | Population | Owner Type      | Primary Source |  |  |
| CT0030364 CEDAR HOLLOW SHOPS - 141 KNOTT HIGHWAY |  |         |       |          | NC          | 50         | Р               | GW             |  |  |
| Local Address (v                                 | Service  | Residen | ntial | Commerci | al Industri | al Combine | ed Agricultural |                |  |  |
| 141 NOTT HIGH                                    | Connections                                      |         |       | 1        |             |            |                 |                |  |  |

Connecticut Department of Public Health Drinking Water Section

|  |                  |            | C            | ontact Inf     | ormation        |                     |            |           |          |
|--|------------------|------------|--------------|----------------|-----------------|---------------------|------------|-----------|----------|
| Name                                       |                  |            |              | Organization   | 1               |                     |            | Job Title |          |
| Mr. Thomas V. Sam                          | ıperi            |            |              | Video Store    | And Post Office |                     |            |           |          |
| Mailing Address Lin                        | e One            |            | Mailing Add  | dress Line Two |                 |                     | City       | State     | Zip Code |
|  |                  |            | 141 Nott Hig | ghway          |                 | Ashford             | ord CT 0   |           |          |
| Business Phone                             | Extension        | Fax        | М            | obile Phone    | Emergency Phone | Email Ad            | dress      |           |          |
| 860-933-9315                               |                  |            |              |                | 860-487-0212    | TSAMPE              | RI@yahoo.d | com       |          |
| Contact Role(s): Ac                        | dministrative Co | ontact, Ow | ner          |                |                 |                     |            |           |          |
| Name                                       |                  |            |              | Organization   | 1               |                     |            | Job Title |          |
| Ms. Monique Rowl                           | ey               |            |              |                |                 |                     |            |           |          |
|  | 0 Ono            |            | Mailing Add  | ress Line Two  |                 |                     | City       | State     | Zip Code |
| Mailing Address Lin                        | e One            |            |              |                |                 |                     | ,          |           | 100000   |
| Mailing Address Lin<br>161 Pumpkin Hill Ro |                  |            |              |                |                 | Ashford             | ,          | СТ        | 06278    |
|  |                  | Fax        |              | obile Phone    | Emergency Phone | Ashford<br>Email Ad | •          |           | •        |

#### Please note the following:

Towns Served: ASHFORD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                 | Connecticut Department o   | f Public H | lealth  | Dr   | inking    | Water       | Section    |                 |  |
|-----------------|--|------------|---------|------|-----------|-------------|------------|-----------------|--|
|                 | Water Quality Monitoring and Compliance Schedule   |            |         |      |           |             |            |                 |  |
| PWS ID          | PWS Name Classification   Population   Owner Type   Primary Science   Primary Scienc |            |         |      |           |             |            | Primary Source  |  |
| CT0030374       | WESTFORD CONGREGATIONAL CHURCH   |            |         |      | NC        | 25          | Р          | GW              |  |
| Local Address ( | where applicable)  | Service    | Residen | tial | Commercia | al Industri | al Combine | ed Agricultural |  |
| 2CO MECTEODE    | Connections 4  |            |         |      |           |             |            |                 |  |

| 368 WESTFORD HILL ROAD               |             | Connectio       | ns          | 1        |            |          |               |                 |
|--------------------------------------|-------------|-----------------|-------------|----------|------------|----------|---------------|-----------------|
| Towns Served: ASHFORD                |             |                 | ·           |          | ·          |          |               |                 |
|                                      | М           | onitoring Re    | quiremen    | ts       |            |          |               |                 |
| Water System Facility: DISTRIBUTION  | N SYSTEM (  | WSF ID: 00600)  |             |          |            |          |               |                 |
| Total Coliform (3100)                |             |                 |             |          |            | 1 r      | outine (RT) p | er quarter      |
| Sampling Point (Sampling Point ID)   |             |                 | Monitoring  | g Period | Collecti   | on Perio | od Complia    | ınce Status     |
| Select from Inventory of Active Samp | ling Points |                 | 10/1/18 - 1 | 2/31/18  |            |          | Cor           | nplete          |
|                                      |             |                 | 1/1/19 - 3  | /31/19   |            |          | Cor           | nplete          |
|                                      |             |                 | 4/1/19 - 6  | /30/19   |            |          |               |                 |
|                                      |             |                 | 7/1/19 - 9  | /30/19   |            |          |               |                 |
| Physical Parameters (PPS)            |             |                 |             |          |            | 1 r      | outine (RT) p | er quarter      |
| Sampling Point (Sampling Point ID)   |             |                 | Monitoring  | g Period | Collecti   | on Perio | od Complia    | ınce Status     |
| Select from Inventory of Active Samp | ling Points |                 | 10/1/18 - 1 |          |            |          |               | nplete          |
|                                      |             |                 | 1/1/19 - 3  |          |            |          | Cor           | nplete          |
|                                      |             |                 | 4/1/19 - 6  |          |            |          |               |                 |
|                                      |             |                 | 7/1/19 - 9  | /30/19   |            |          |               |                 |
| Water System Facility: ENTRY POINT   | (WSF ID: 0  | 0700)           |             |          |            |          |               |                 |
| Nitrate And Nitrite (NOX)            |             |                 |             |          |            |          | 1 routine (R  |                 |
| Sampling Point (Sampling Point ID)   |             |                 | Monitoring  |          | Collecti   | on Perio |               | ınce Status     |
| ENTRY POINT (3)                      |             |                 | 1/1/18 - 12 | -        |            |          | Cor           | nplete          |
|                                      |             |                 | 1/1/19 - 12 | -        |            |          | Cor           | nplete          |
|                                      |             |                 | 1/1/20 - 12 | 2/31/20  |            |          |               |                 |
|                                      | Public      | : Notification  | Requiren    | nents    |            |          |               |                 |
|                                      |             | Compliance      | Notice      | Public   | c Notifica | tion     | PN Certi      | <u>fication</u> |
| Violation/Situation                  |             | Period          | Tier        | Require  | ed Perj    | formed   | Due to DPH    | Received        |
| Physical Parameters M&R Violation    |             | 4/1/18 - 6/30/1 | .8 3        | 8/24/20  | 19         |          | 9/3/2019      |                 |
| Total Coliform M&R Violation         |             | 4/1/18 - 6/30/1 | .8 3        | 8/24/20  | 19         |          | 9/3/2019      |                 |
| Water                                | System I    | Facility and S  | ampling P   | oint In  | ventor     | У        |               |                 |
| Water                                |             |                 |             |          | Total      | Lead ar  | nd            |                 |
| System Water System Facility         |             | Point Sampling  |             | (        | Coliform   | Coppe    |               | Stage           |
| Facility ID                          | ID          | Descriptio      | n           | Status   | Rule       | Rule Ti  | er Asbestos   | WQP 2 DBPR      |
| 00600 DISTRIBUTION SYSTEM            | 4           |                 | ION SYSTEM  | Α        | Υ          |          |               |                 |
|                                      | DOWNST      | REAM WITHIN 5   | SERVICE CON | Α        |            |          |               |                 |
|                                      | UPSTRE      | AM WITHIN 5     | SERVICE CON | Α        |            |          |               |                 |

| 20099 WELL          |           |     | 2         | WELL             | P                    | 1             |           |          |
|---------------------|-----------|-----|-----------|------------------|----------------------|---------------|-----------|----------|
|                     |           |     |           | Contact Inf      | formation            |               |           |          |
| Name                |           |     |           | Organizatio      | n                    |               | Job Title |          |
| Mrs. Daryl L. Basch |           |     |           | Westford Co      | ongregational Church | Deacon        |           |          |
| Mailing Address Lin | e One     |     | Mailing A | Address Line Two | )                    | City          | State     | Zip Code |
| 368 Westford Hill R | oad       |     |           |                  |                      | Ashford       | СТ        | 06278    |
| Business Phone      | Extension | Fax |           | Mobile Phone     | Emergency Phone      | Email Address |           |          |
| 860-490-3510        |           |     |           |                  |                      |               |           |          |

**ENTRY POINT** 

Α

3

00700

**ENTRY POINT** 

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health | Drinking       | g Water    | Section     |       |
|---|----------------|------------|-------------|-------|
| Water Quality Monitoring and Con        | npliance S     | Schedul    | e           |       |
| DMC Name                                | Classification | Denulation | Ourner Tune | D.v.i |

|                 |                                |             |         | 1           |       |            |            |                 |
|-----------------|--------------------------------|-------------|---------|-------------|-------|------------|------------|-----------------|
| PWS ID          | PWS Name                       |             |         | Classificat | ion [ | Population | Owner Type | Primary Source  |
| CT0030374       | WESTFORD CONGREGATIONAL CHURCH |             |         | NC          |       | 25         | Р          | GW              |
| Local Address ( | where applicable)              | Service     | Resider | itial Comm  | ercia | l Industri | al Combine | ed Agricultural |
| 368 WESTFORD    | HILL ROAD                      | Connections |         |             | L     |            |            |                 |
|                 |                                |             |         |             |       |            |            |                 |

Towns Served: ASHFORD

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|               | Connecticut D                           | epartment of        | Public H         | lealth    | Dri    | nkin        | z W     | ater           | Se   | ction        |           |          |
|---------------|---|---------------------|------------------|-----------|--------|-------------|---------|----------------|------|--------------|-----------|----------|
|               |   | Quality Monit       |                  |           |        | `           | _       |                |      |              |           |          |
| PWS ID        | PWS Name                                | Zudifey 1.10111e    | oring and        | u don     |        |             | _       | Population Owi |      | er Tyne      | Primary   | / Source |
| CT0030404     | ST. PHILLIP THE APOST                   | IF (ACTIVITY CTR)   |                  |           |        | NC          | -       | 28             | OWI  | Р            | G\        |          |
|               | (where applicable)                      | LE (ACTIVITIE CITY) | Service          | Residen   |        | ommerc      |         | ndustri        | al   | Combine      | _         | cultura  |
|               | OLLOW ROAD                              |                     | Connections      | residen   | ciai C | 1           | 101     | iiaastiii      | u1   | COMBINE      | 7.611     | Cartaro  |
| Towns Served  |   |                     |                  |           |        |             |         |                |      |              |           |          |
| Towns Served  | . ASITI ORB                             | Monito              | oring Requ       | iireme    | nts    |             |         |                |      |              |           |          |
| Water Syste   | m Facility: DISTRIBUTION                |                     |                  | in cinc   |        |             |         |                |      |              |           |          |
| Total Colifo  | •                                       | (                   |                  |           |        |             |         | 1              | rou  | tine (RT     | ) per ai  | uarter   |
|               | g Point (Sampling Point ID)             | )                   |                  | Monitori  | na Pei | riod (      | Collect | tion Pei       |      | <del>-</del> | oliance S |          |
| -             | om Inventory of Active Sam              |                     |                  | 10/1/18 - |        |             |         |                |      |              | Complet   |          |
| 2 2.222       | , | 1 0                 | <u> </u>         | 1/1/19 -  |        |             |         |                |      |              | Complet   |          |
|               |   |                     |                  | 4/1/19 -  |        |             |         |                |      |              | . p.sc    |          |
|               |   |                     |                  | 7/1/19 -  |        |             |         |                |      |              |           |          |
| Physical Par  | rameters (PPS)                          |                     |                  |           |        |             |         | 1              | rou  | tine (RT     | ) per q   | uarter   |
| Sampling      | g Point (Sampling Point ID              | )                   |                  | Monitori  | ng Pei | riod (      | Collect | tion Per       | riod | Comp         | oliance S | Status   |
| Select fro    | om Inventory of Active Sam              | npling Points       | :                | 10/1/18 - | 12/31  | L/18        |         |                |      | (            | Complet   | :e       |
|               |   |                     |                  | 1/1/19 -  | 3/31/  | <b>′</b> 19 |         |                |      | (            | Complet   | e.       |
|               |   |                     |                  | 4/1/19 -  | 6/30/  | <b>'</b> 19 |         |                |      |              |           |          |
|               |   |                     |                  | 7/1/19 -  | 9/30/  | <b>′</b> 19 |         |                |      |              |           |          |
| Water Syster  | m Facility: ENTRY POIN                  | IT (WSF ID: 00700)  |                  |           |        |             |         |                |      |              |           |          |
| Nitrate And   | Nitrite (NOX)                           |                     |                  |           |        |             |         |                | 1 ו  | outine       | (RT) pe   | r year   |
| Sampling      | g Point (Sampling Point ID)             | )                   |                  | Monitori  | ng Pei | riod (      | Collect | tion Pei       | riod | Comp         | oliance S | Status   |
| ENTRY P       | OINT (3)                                |                     |                  | 1/1/18 -  | 12/31  | /18         |         |                |      | (            | Complet   | .e       |
|               |   |                     |                  | 1/1/19 -  | 12/31  | /19         |         |                |      |              |           |          |
|               |   |                     |                  | 1/1/20 -  | 12/31  | /20         |         |                |      |              |           |          |
|               | Wate                                    | er System Facili    | ity and Sar      | npling    | Poir   | nt Inve     | ento    | ry             |      |              |           |          |
| Water         |   | -                   | -                |           |        |             | otal    | Lead           | and  |              |           |          |
| System Wo     | ater System Facility                    | Sampling Point      | Sampling Poi     | nt        |        | Co          | liform  | Сор            | per  |              |           | Stage    |
| Facility ID   |   | ID                  | Description      |           | St     | atus        | Rule    | Rule           | Tier | Asbesto      | s WQP     | 2 DBP    |
| 00600 DIS     | STRIBUTION SYSTEM                       | 4                   | DISTRIBUTION     | N SYSTEM  |        | Α           | Υ       |                |      |              |           |          |
|               |   | DOWNSTREAM          | WITHIN 5 SER     | VICE CON  | ١      | Α           |         |                |      |              |           |          |
|               |   | UPSTREAM            | WITHIN 5 SER     | VICE CON  | ١      | Α           |         |                |      |              |           |          |
| 00700 EN      | TRY POINT                               | 3                   | ENTRY POINT      |           |        | Α           |         |                |      |              |           |          |
| 22874 WE      | ELL #1                                  | 2                   | WELL #1          |           |        | Α           |         |                |      |              |           |          |
|               |   | Con                 | tact Inforr      | nation    |        |             |         |                |      |              |           |          |
| Name          |   | 0                   | rganization      |           |        |             |         |                |      | Job Title    | 9         |          |
| Mr. Joseph N  | guyen                                   |                     | . Phillip The Ap | ostle     |        |             | Pas     | stor           |      |              |           |          |
| Mailing Addre |   | Mailing Addres      |                  |           |        |             | C       | ity            |      | State        | Zip (     | Code     |
| 64 Pompey Ho  |   |                     |                  |           |        | Ashfo       |         | -              |      | СТ           | 062       |          |
| 1 /           |   |                     |                  |           |        |             |         |                |      |              |           |          |

Emergency Phone Email Address

gi\_joe\_35@hotmail.com

Mobile Phone

**Business Phone** 

860-429-2860

Contact Role(s): Legal Contact

Extension

Fax

860-487-5703

|                       | Lonnectici        | it Department          | of Public       | Health    | Drin     | ıkıng                    | water      | Section    |                 |
|-----------------------|-------------------|------------------------|-----------------|-----------|----------|--------------------------|------------|------------|-----------------|
|                       | Wat               | er Quality Mon         | nitoring a      | nd Con    | nplia    | nce S                    | chedul     | le         |                 |
| PWS ID                | PWS Name          |                        |                 |           | Classifi | cation                   | Population | Owner Type | Primary Source  |
| CT0030404             | ST. PHILLIP THE A | APOSTLE (ACTIVITY CTR) |                 |           | N        | С                        | 28         | Р          | GW              |
| Local Address (w      | here applicable)  |                        | Service         | Residen   | tial Co  | mmercia                  | l Industri | al Combine | ed Agricultural |
| 91 POMPEY HOLLOW ROAD |                   |                        | Connection      | ns        |          | 1                        |            |            |                 |
| Towns Served: A       | SHFORD            |                        |                 | ·         |          |                          | ·          |            |                 |
| Name                  |                   |                        | Organization    |           |          |                          |            | Job Title  | е               |
| Ms. Ann Phillips      |                   |                        | St. Philip Chur | ch Corp   |          | Parish Secretary         |            |            |                 |
| Mailing Address       | Line One          | Mailing Add            | dress Line Two  |           |          |                          | City       | State      | Zip Code        |
| St. Philip Church     | Corp              | 64 Pompey              | Hollow Road     |           |          | Ashford                  | l          | СТ         | 06278           |
| Business Phone        | e Extension       | Fax N                  | Nobile Phone    | Emergency | / Phone  | Email A                  | ddress     | ,          |                 |
| 860-429-2860          |                   |                        |                 |           |          | stphilipstjude@gmail.com |            |            |                 |
| Contact Role(s)       | Administrative (  | Contact Legal Contact  |                 |           |          |                          |            |            |                 |

A --- -- CD lelte Health Detail to Marke Coatte

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                      | Connecticut Depart                 | ment of Pul       | blic H     | ealth    | D     | rinking    | Water              | Section    |                     |
|----------------------|------------------------------------|-------------------|------------|----------|-------|------------|--------------------|------------|---------------------|
|                      | Water Quality                      | y Monitorir       | ng and     | d Con    | np    | liance S   | Schedul            | e          |                     |
| PWS ID               | PWS Name                           |                   |            |          | _     |            |                    |            | Primary Sourc       |
| СТ0039023            | <b>EVANGELICAL CHRISTIAN CENTE</b> | R -REC CENTER     |            |          |       | NC         | 150                | Р          | GW                  |
| Local Address (      | where applicable)                  | Servi             | ice        | Residen  | itial | Commerci   | al Industria       | al Combin  | ed Agricultura      |
| 574 ASHFORD (        | CENTER ROAD                        | Conr              | nections   | 1        |       |            |                    |            |                     |
| Towns Served:        | ASHFORD                            | ,                 |            |          |       | 1          |                    |            |                     |
|                      |                                    | Monitoring        | g Requ     | ireme    | nt    | S          |                    |            |                     |
| Water System         | Facility: DISTRIBUTION SYST        | EM (WSF ID: 00    | 600)       |          |       |            |                    |            |                     |
| Total Colifori       | m (3100)                           |                   |            |          |       |            | 1                  | routine (R | ) per quarter       |
| Sampling             | Point (Sampling Point ID)          |                   |            | Monitori | ing   | Period C   | ollection Per      | iod Com    | pliance Status      |
| Select from          | n Inventory of Active Sampling Po  | ints              | 1          | 10/1/18  | - 12  | /31/18     |                    |            | Complete            |
|                      |                                    |                   |            | 1/1/19   | - 3/  | 31/19      |                    |            | Complete            |
|                      |                                    |                   |            | 4/1/19   | - 6/  | 30/19      |                    |            |                     |
|                      |                                    |                   |            | 7/1/19   | - 9/  | 30/19      |                    |            |                     |
| <b>Physical Para</b> | imeters (PPS)                      |                   |            |          |       |            | 1                  | =          | 「) per quarter      |
| Sampling             | Point (Sampling Point ID)          |                   | I          | Monitori | ing   | Period C   | ollection Per      | iod Com    | pliance Status      |
| Select from          | n Inventory of Active Sampling Po  | ints              | 1          | 10/1/18  |       |            |                    |            | Complete            |
|                      |                                    |                   |            | 1/1/19   |       |            |                    |            | Complete            |
|                      |                                    |                   |            | 4/1/19   |       |            |                    |            |                     |
|                      |                                    |                   |            | 7/1/19   | - 9/  | 30/19      |                    |            |                     |
| Water System         | Facility: ENTRY POINT (WSF         | ID: 00700)        |            |          |       |            |                    |            |                     |
|                      | Nitrite (NOX)                      |                   |            |          |       |            |                    |            | (RT) per year       |
|                      | Point (Sampling Point ID)          |                   |            | Monitori | _     |            | ollection Per      |            | pliance Status      |
| ENTRY PO             | INT (3)                            |                   |            | 1/1/18 - |       |            |                    |            | Complete            |
|                      |                                    |                   |            | 1/1/19 - |       |            |                    |            | Complete            |
|                      |                                    |                   |            | 1/1/20 - |       | ·          |                    |            |                     |
|                      | P                                  | ublic Notifica    | tion R     | equire   | em    | ents       |                    |            |                     |
|                      |                                    | Complie           |            | Notice   | ?     |            | <u>otification</u> |            | <u>ertification</u> |
| Violation/Situa      |                                    | Perio             |            | Tier     |       | Required   | Performed          |            |                     |
| Total Coliform       |                                    | 7/1/12 - 9        |            | 2        |       | 1/11/2013  |                    | 1/21/201   |                     |
|                      | eters M&R Violation                | 7/1/12 - 9        | -          | 3        |       | 12/12/2013 | -                  | 12/22/20   |                     |
| Total Coliform       |                                    | 4/1/15 - 6        |            | 2        |       | 5/22/2015  |                    | 6/1/201    |                     |
|                      | Water Syst                         | em Facility a     | nd San     | npling   | P     | oint Inve  | ntory              |            |                     |
| Water                |                                    |                   |            |          |       |            | otal Lead          |            |                     |
| System Wat           | er System Facility San             | nnlina Point Samr | olina Poir | nt .     |       | Col        | form Conr          | or         | Stage               |

| Total Coll                     | OTTH WICE VIOLATION   | 4/1                  | /13 - 0/30/13 2               | 3/22/2  | 013                       |    | 0/1/2013 |                 |  |
|--------------------------------|-----------------------|----------------------|-------------------------------|---------|---------------------------|----|----------|-----------------|--|
|                                | Wa                    | nter System Facil    | ity and Sampling F            | oint Ir | vento                     | ry |          |                 |  |
| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point<br>Description | Status  | Total<br>Coliform<br>Rule |    | Asbestos | Sta<br>WQP 2 DI |  |
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYETEM           | Α       | Υ                         |    |          |                 |  |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON          | Α       |                           |    |          |                 |  |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON          | Α       |                           |    |          |                 |  |
| 00700                          | ENTRY POINT           | 3                    | ENTRY POINT                   | Α       |                           |    |          |                 |  |
| 50743                          | ATMOSPHERIC TANK      |                      |                               |         |                           |    |          |                 |  |
| 50745                          | BLADDER TANK          |                      |                               |         |                           |    |          |                 |  |
| 90                             | WELL 3                | 2                    | WELL 3                        | Α       |                           |    |          |                 |  |

| 30 WELL 3                | Z WELL 3                     | A |            |          |  |  |  |  |
|--------------------------|------------------------------|---|------------|----------|--|--|--|--|
| Contact Information      |                              |   |            |          |  |  |  |  |
| Name                     | Organization                 |   | Job Ti     | tle      |  |  |  |  |
| Mr. Wassily Smyrnow      | Evangelical Christian Center | D | irector    |          |  |  |  |  |
| Mailing Address Line One | Mailing Address Line Two     |   | City State | Zip Code |  |  |  |  |

| Connecticut Department of Public Health Drinking water Section |             |     |        |            |           |                |                            |               |    |              |       |              |
|--|-------------|-----|--------|------------|-----------|----------------|----------------------------|---------------|----|--------------|-------|--------------|
| Water Quality Monitoring and Compliance Schedule               |             |     |        |            |           |                |                            |               |    |              |       |              |
| PWS ID   | PWS Name    |     |        |            |           | Classification |                            | Population Ow |    | wner Type Pr |       | mary Source  |
| CT0039023 EVANGELICAL CHRISTIAN CENTER -REC CENTER             |             |     |        |            |           | N              | IC                         | 150           | Р  |              |       | GW           |
| Local Address (where applicable)                               |             |     |        | Service    | Residen   | ntial Co       | mmercia                    | al Industrial |    | Combined     |       | Agricultural |
| 574 ASHFORD CENTER ROAD  |             |     |        | Connection | ns 1      |                |                            |               |    |              |       |              |
| Towns Served: ASHFORD  |             |     |        |            |           |                |                            |               |    |              |       |              |
| 574 Ashford Center Road  |             |     |        |            |           | Ashford        |                            |               | СТ |              | 06278 |              |
| Business Phon  | e Extension | Fax | Mobile | e Phone    | Emergency | / Phone        | Email Address              |               |    |              |       |              |
| 860-429-2743 302 928-437-2743                                  |             |     |        |            | 860-377-  | -1723          | director@eccministries.org |               |    |              |       |              |

Connecticut Department of Public Health Drinking Water Costion

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule